



**PATIENT**

Phillios Cinder

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

48.4 Pounds

**INTERPRETED BY**

Camden Rouben, DVM,  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Scotts Creek AH

**REFERRING VET**

Dr. Cartner

**INVOICE**

35909

**DATE**

5/1/26

**PRESENTING CLINICAL SIGNS**

History: P has had several episodes of fainting over the past few months. Concern for seizure vs syncope.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
<b>PATIENT</b>	3.12	2.25	1.09	1.31	48.47	80	0.21
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA MAX 4 Chamber	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	132 avg.	1.36	--	22	4.25	4.49	2.31

LVOT Vmax: 1.78 m/s

**ECG Interpretation**

The electrocardiogram is given in a six-lead format. The average heart rate is approximately 132. The rhythm is regular. There is a P for every QRS and QRS for every P.

**Cardiac Presentation**

The mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is no prolapse of the mitral valve leaflet. Left atrial size is normal. The left ventricular dimensions internally during diastole are mildly distended and the systolic function is preserved in the face of mitral regurgitation. There is normal right atrial size with mild tricuspid regurgitation. No prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension based off of the tricuspid regurgitation velocities. Right ventricle subjectively appears normal in structure and function. The aortic and pulmonic valves have normal morphology and the corresponding outflow velocities are within normal limits. There is no evidence of pulmonic or aortic insufficiency. The aorta appears normal. The pulmonary artery appears normal. There is no evidence of pleural fusion, pericardial fusion, or intracardiac masses based off of the images provided.

**ULTRASONOGRAPHIC FINDINGS**

- Degenerative valve disease, ACVIM, stage B1



**PATIENT**

- Normal sinus rhythm

Phillios Cinder

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Based off the images provided, the patient has degenerative valve disease, ACVIM, stage B1. No cardiac medications are indicated at this time. Based off of the history, a consultation with a veterinary cardiologist and or a veterinary neurologist should be considered. A 24-hour Holter monitor should be considered. A more thorough history of the events leading up to the collapsing event, during the collapsing event, and then immediately after the collapsing event should be acquired in order to differentiate between a seizure and a syncopal event.

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A recheck echocardiogram is recommended in 9 to 12 months. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmur worsens in intensity. Elective anesthetic procedures should be well tolerated.

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A blood pressure assessment should be performed in this patient to ensure it is < 160 mmHg. If the blood pressure is elevated, recommend following ACVIM guidelines for hypertension and treating if indicated.

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In terms of anesthesia, standard perioperative fluid rates should be well tolerated. Medications like dexmedetomidine and other alpha-2 agonists are best avoided. Ketamine is also best avoided. Anticholinergics can be used in the case of a clinically significant bradyarrhythmia.

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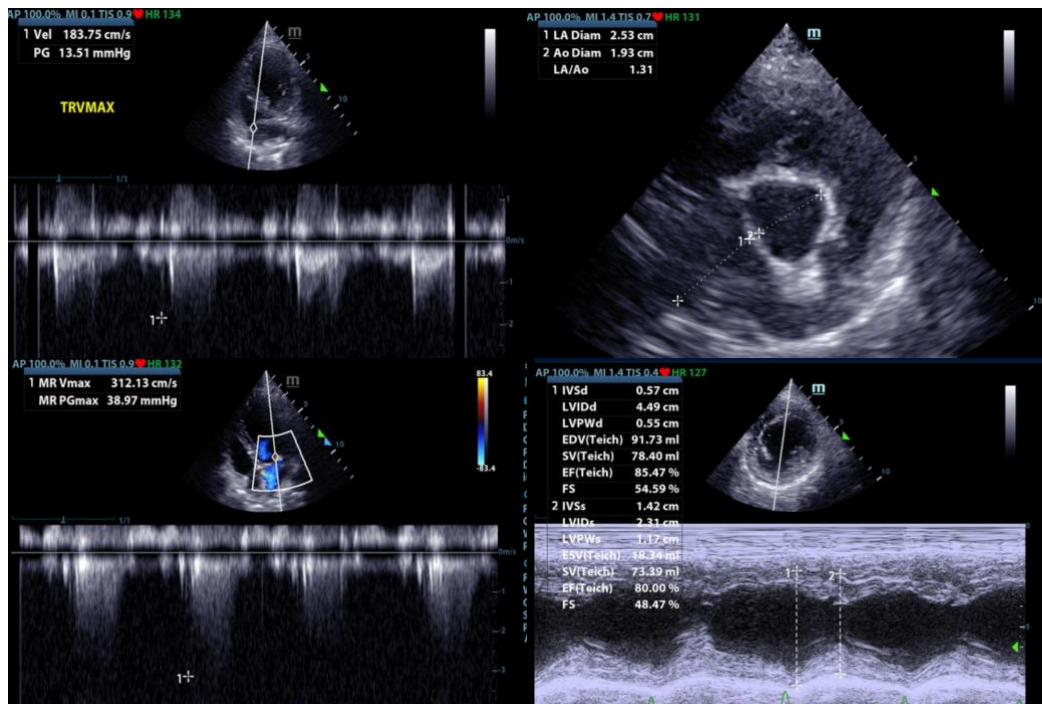
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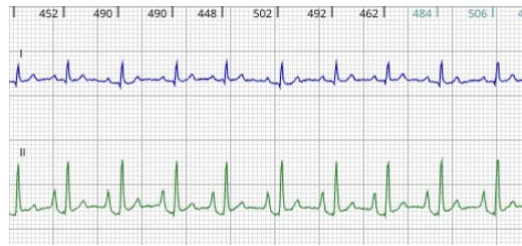
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Camden Rouben DVM, DACVIM (Cardiology)

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