

**PATIENT**

Tank Eggleston

**SPECIES**

Canine

**BREED**

Greyhound Mix

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

16.2 lbs

**INTERPRETED BY**

Camden Rouben DVM,  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Santa Clara Animal  
Hospital

**REFERRING VET**

Dr. Elsbree

**INVOICE**

16321

**DATE**

05/18/26

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: 5/6 heart murmur; fast progressing heart murmur (not heard in 2024 or 2025), was lower grade a few months ago. tartar build up. had GI upset ABNORMAL Labwork Values adult annual wnl pancreatic lipase test normal For ECHO Only: Blood Pressure n/a HR/RR/BP: n/a Is there a Heart Murmur? If so, please grade. 5/6 Current Medications prescribed Cerenia prn on 5/11 for GI upset, and gabapentin prior to echo Radiographic Findings none taken Notes to Specialist (if any)

If has heart disease, what medications are recommended.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

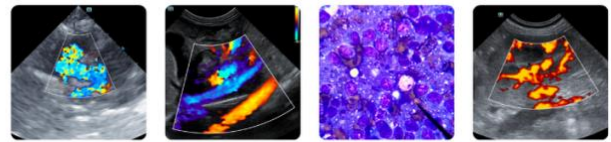
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	5.27	--	1.59	2.11	57.22	88.11	0.04
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA MAX 4 Chamber	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	NM	2.0	1.01	7.36	2.97	3.55	1.52

**Cardiac Presentation**

Based off of the images provided, the mitral valve leaflets are moderately thickened with moderate mitral regurgitation posteriorly directed. There is mild prolapse of the mitral valve leaflets. The left atrial size is moderately increased. The left ventricular internal dimensions during diastole are increased and systolic function is preserved in the face of mitral regurgitation. There is normal right atrial size with trace tricuspid regurgitation. No prolapse of the tricuspid valve leaflets. No evidence of pulmonary hypertension is noted based off of the tricuspid regurgitation velocities. The 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 aortic or pulmonic insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

**ULTRASONOGRAPHIC FINDINGS**

- Degenerative valve disease ACVIM stage B2.



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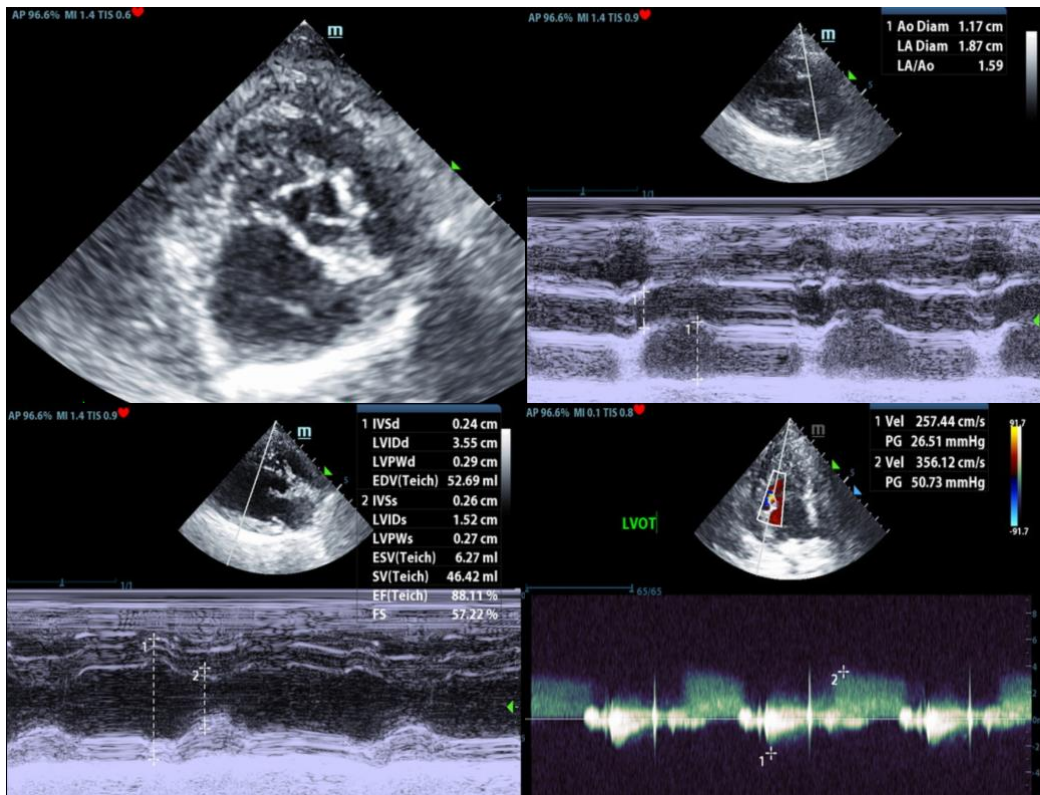
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Pimobendan is recommended at 0.27 to 0.32 mg/kg by mouth every 12 hours. This will be a lifelong therapy. A recheck echocardiogram is recommended in six months to monitor the condition since starting Pimobendan. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmurs worsening in intensity.

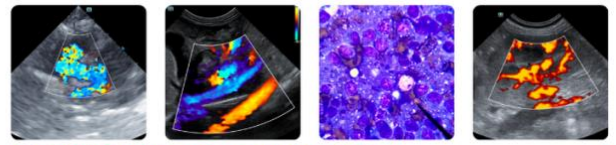
The client should start monitoring resting respiratory rate and effort at home if not already doing so. The resting respiratory rate should be less than 35 to 40 breaths per minute when the patient is resting or sleeping. If the breathing rates are increasing, then chest x-rays are recommended. We recommend obtaining a blood pressure on this patient to ensure it is less than 160 mmHg systolic. If the blood pressure is elevated, recommend following ACVIM guidelines for systemic hypertension and treating if indicated.

In terms of anesthesia, judicious perioperative fluids are recommended due to increased left atrial size. Medications like dexmedetomidine and another alpha-2 agonist are best avoided. Ketamine is also best avoided. If needed, anticholinergics can be used in the face of a clinically significant bradyarrhythmia.

Activity restriction is not warranted in this patient.



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



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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)

[info@SonoPath.com](mailto:info@SonoPath.com)