

PATIENT

Griffen Opelt

SPECIES

Canine

BREED

English Setter

SEX

Neutered Male

AGE

5 Years

WEIGHT

55.4 lbs

INTERPRETED BY

Camden Rouben DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Andrea Nason

HOSPITAL NAME

Caravan Vet

REFERRING VET

Dr. Andrea Nason

INVOICE

15980

DATE

05/08/26

PRESENTING CLINICAL SIGNS

He was diagnosed with canine heartworm disease last year. During his work up, he had an echo via SonoPath that showed early mitral valve disease. Rechecking a cardiac work up to assess for any changes/progressions.

Abnormal PE/Chem/CBC/UA Results: CBC, Chem, 4DX WNL/NSF

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	>3.0	--	NM	1.22	25.53	--	NM
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	89	--	--	25.2	--	3.29	2.45

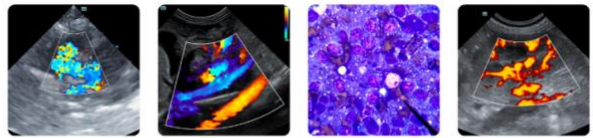
Cardiac Presentation

The mitral valve leaflets are thickened with mild mitral regurgitation directed anteriorly. There is no prolapse of the mitral valve leaflets. The left atrial size is normal. The left ventricular internal dimensions during diastole are within normal limits, and the systolic function is preserved in the face of mitral regurgitation. The right atrial size is normal. There is no prolapse of the tricuspid valve leaflets. No evidence of pulmonary hypertension. The right ventricle subjectively appears normal in structure and function. The aortic and pulmonic valves have normal morphology. The corresponding outflow velocities of the pulmonic valve appear to be within normal limits. There is no evidence of pulmonic insufficiency. The aorta appears normal. Pulmonary artery appears normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ECG

The electrocardiogram shows a 6-lead EKG. The average heart rate is 89 beats per minute. The rhythm is regularly irregular. There is a P for every QRS. Based off of the images provided, this patient has a P for every QRS and a QRS for every P. The mean electrical axis is estimated to be 22 degrees. This patient has a sinus arrhythmia.

Based off of the three-view thoracic radiograph submitted, the vertebral heart score is approximately 9. The cardiac silhouette is of normal size. The adjacent cardiopulmonary vasculature is within normal



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limits. The intrathoracic trachea appears to be of normal diameter. There is no evidence of cardiogenic pulmonary edema, pleural effusion, or intrathoracic significant masses.

ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease ACVIM stage B1.

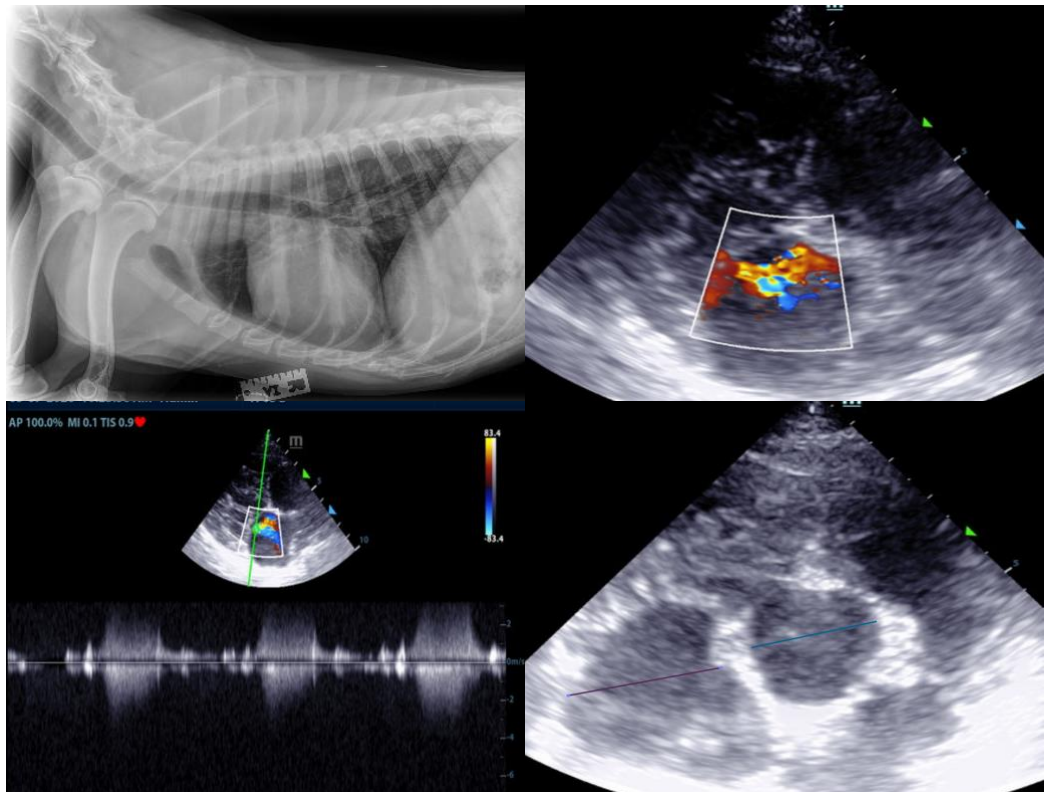
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

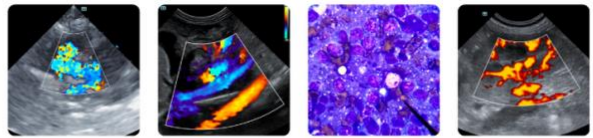
No cardiac medications are indicated at this time. If this patient is not on monthly heartworm preventative, we would recommend doing so. If this patient is heartworm positive, we recommend Immiticide therapy, as recommended by the American Heartworm Society.

Since this can be a progressive condition, serial monitoring is recommended. An echocardiogram is recommended in 9-12 months. 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. Standard perioperative fluid rates should be well tolerated. Medications like dexmedetomidine and other alpha-2 agonists are best avoided. Ketamine is best avoided. Anticholinergics can be used in the face of a clinically significant bradyarrhythmia.

Activity restriction is not warranted in this particular patient.





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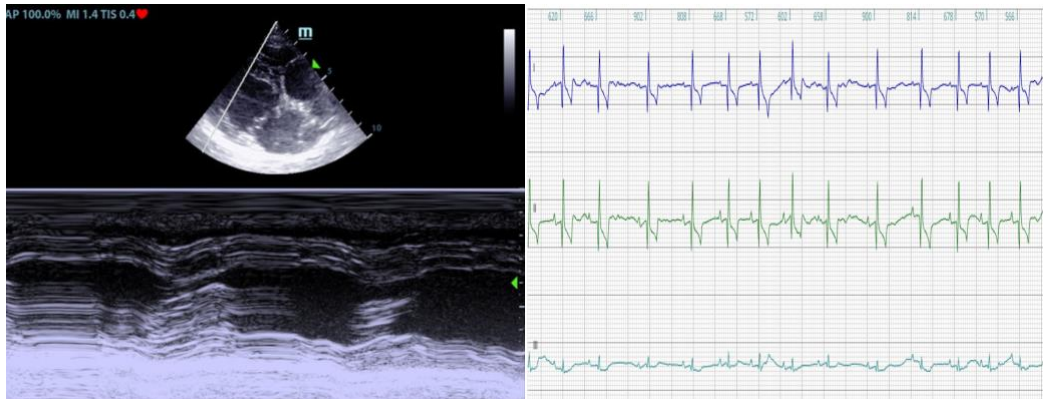
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com