

PATIENT

Ellie Nemeth

SPECIES

Canine

BREED

Bulldog

SEX

Spayed Female

AGE

9 Years

WEIGHT

54.4 lbs

INTERPRETED BY

Camden Rouben DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Christopher
Roberts

HOSPITAL NAME

Kentown Animal
Hospital

REFERRING VET

Dr. Christopher
Roberts

INVOICE

16406

DATE

06/05/26

PRESENTING CLINICAL SIGNS

Grade 3/6 systolic murmur, no arrhythmias reported. P has severe dental disease and presented for exam to discuss dental issues. O interested in pursuing dental but concern for heart issues and whether or not P is a good candidate for anesthesia. P has a history of heartworm disease. Treated many years ago. P has not had P on any heartworm prevention for the last couple of years. No recent up to date heartworm test.

Abnormal PE/Chem/CBC/UA Results: BAR, H/L - grade 3/6 systolic murmur, no arrhythmias No BW performed Radiographs - none performed HWT - did not perform BP- did not perform

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	>5.0	>1.5	1.64	2.09	35.17	53.8	0.35
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	1.75	0.75	24.7	--	5.43	3.52

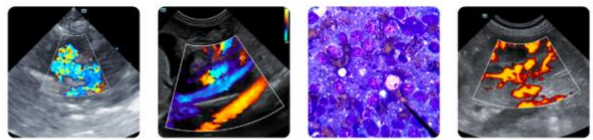
Cardiac Presentation

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. Left atrial size is moderately increased. Left ventricular internal dimensions during diastole are increased and the systolic function is mildly decreased in the face of mitral regurgitation. There is normal right atrial size with mild tricuspid regurgitation. There is mild prolapse of the tricuspid valve leaflets and no significant evidence of pulmonary hypertension. 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 pulmonic or aortic insufficiency. The aorta appears normal. The pulmonary artery appears normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease ACVIM stage B2 affecting the mitral and tricuspid valves.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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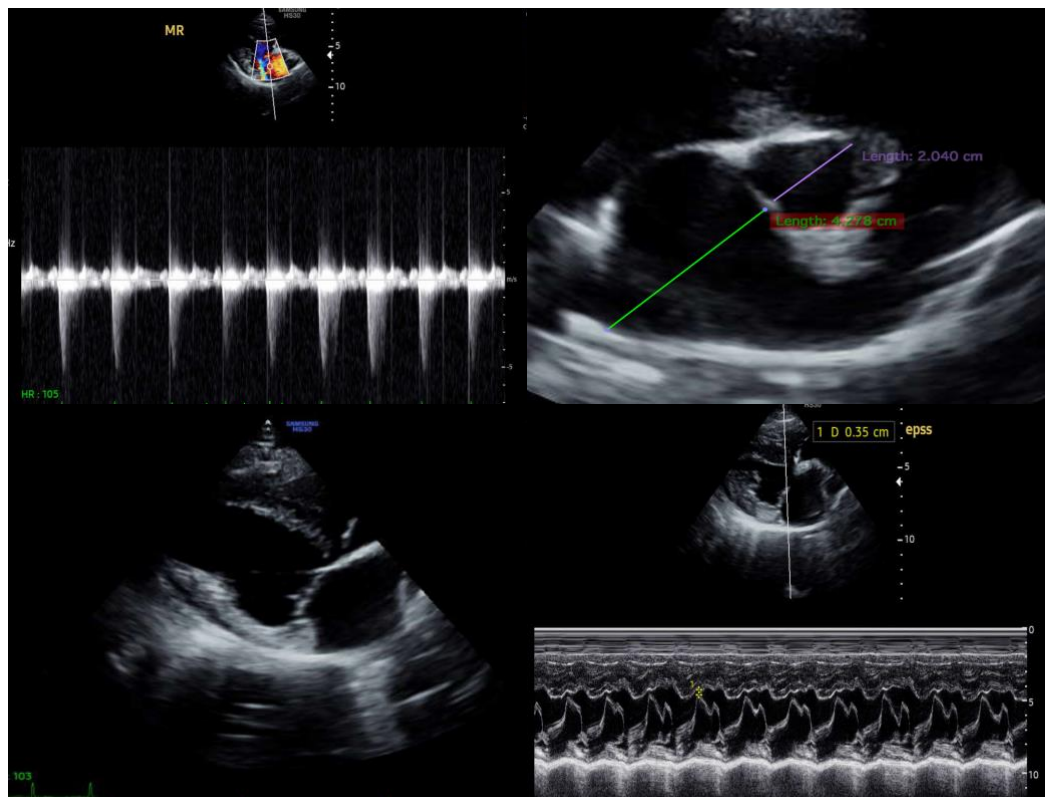
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Pimobendan therapy is recommended at 0.25 to 0.3 mg/kg by mouth every 12 hours. This will be a lifelong therapy. A recheck echocardiogram is recommended in four to six months to monitor the condition. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmur is worsening in intensity.

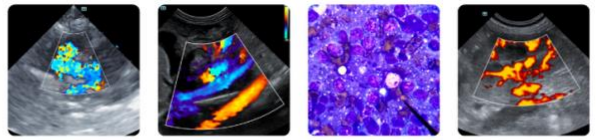
Clients should start monitoring resting respiratory rate and effort at home if not already doing so. Resting respiratory rate should be less than 35 to 40 breaths per minute when the patient is resting or sleeping. If the breathing rates are increasing, then thoracic radiographs are recommended. A heartworm test is recommended in this patient. Heartworm prevention should be performed in this patient. A blood pressure assessment should be performed in this patient to ensure it is less than 160 mmHg systolic.

If this patient needs general anesthesia, judicious perioperative fluid rates are recommended due to increased left atrial size. Medications like dexmedetomidine and other alpha-2 agonists are best avoided. Ketamine is also best avoided. If needed, anticholinergics can be used in the face of a clinically significant bradyarrhythmia.



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.



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