

**PATIENT**

Penny Benward

**SPECIES**

Canine

**BREED**

Cavalier King Charles  
Spaniel

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

25.5 lbs

**INTERPRETED BY**

Camden Rouben DVM,  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Arielle Roldan CVT

**HOSPITAL NAME**

Milford Animal  
Hospital

**REFERRING VET**

Aleksandra Ascione,  
DVM

**INVOICE**

16403

**DATE**

06/06/26

**PRESENTING CLINICAL SIGNS**

Presented today for second opinion, another vet dx with congestive heart failure, no diagnostics performed then. Was stated to have Grade II-III/VI systolic murmur. Upon presentation today pt had Grade IV/VI Left systolic Grade II on the right. Pt has a cough and pants consistently

ProBNP 1378 gray zone TNL 0.56 abnormal the rest of the bloodwork shows 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	>4.0	--	NM	1.5	40.61	--	0.08
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	--	>0.5	11.6	1.71	3.62	2.15

**Cardiac Presentation**

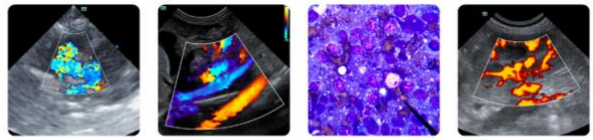
Based off of the images provided, the mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is no prolapse of the mitral valve leaflets. Left atrial size is within normal limits. Left ventricular internal dimensions during diastole are mildly distended and the systolic function is preserved in the face of mitral regurgitation. There is subjectively normal right atrial size without tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension. The right ventricle subjectively appears normal in structure and function. The pulmonic valves have normal morphology and the corresponding outflow velocities of the pulmonic valve appears normal. There is evidence of pulmonic insufficiency that is not quantified. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

**ULTRASONOGRAPHIC FINDINGS**

- Degenerative valve disease ACVIM stage B1 affecting the mitral valve.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No cardiac medications are indicated at this point in time. Since this can be a progressive condition, serial monitoring is recommended. A recheck echocardiogram is recommended in six months. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or a heart



## PATIENT

murmur is worsening in intensity.

Penny Benward

The client should start monitoring resting respiratory rate 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.

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If the breathing rates are increasing, then three-view thoracic radiographs are recommended. Three-view thoracic radiographs are the best way to diagnose a patient with cardiogenic pulmonary edema. In addition, this patient should have a blood pressure assessment to ensure that it is less than 160 mmHg systolic.

## BREED

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Standard perioperative fluid rate should be well tolerated in this patient. Medications like dexmedetomidine and other alpha-2 agonists are best avoided. Ketamine is also best avoided. Anticholinergics can be used in the face of a clinically significant bradyarrhythmia.

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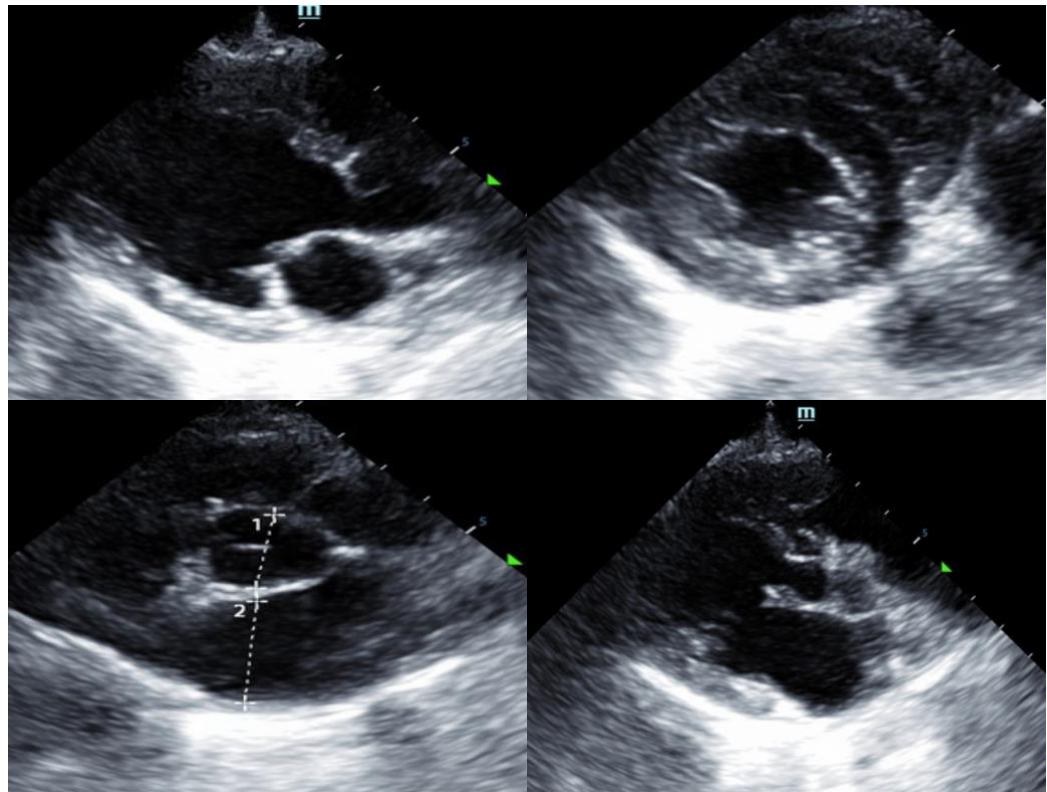
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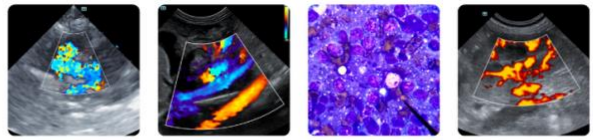
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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