

PATIENT

Duncan Nergart

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

10 Years 7 Months

WEIGHT

11.7 kg

INTERPRETED BY

Camden Rouben DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

Brandywine Valley
Veterinary Hospital

REFERRING VET

Courtney Mooney,
VMD

INVOICE

16451

DATE

06/08/26

PRESENTING CLINICAL SIGNS

Recheck echo following a grade 3/6 HM and diagnosed degenerative valve disease, Stage B-2. Meds: Enalapril 5 mg - 1 T PO Q12, (did not tolerate Pimobendane)

Blood Pressure: 142, 179 mmHg. Outlier 100 mmHg Prev echo Sonopath (P/26/25): degenerative valve disease, ACVIM stage B-2

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	5.1	--	1.46	1.68	40.88	73.1	0.16
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	112	1.52	0.8	11.7	3.26	3.14	1.85

Cardiac Presentation

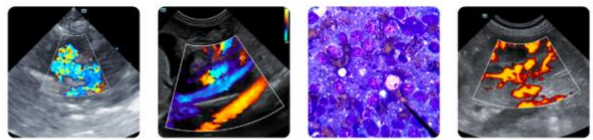
Based off of the images provided, the mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is mild prolapse of the mitral valve leaflets. The left atrial size is equivocally distended. The left ventricular internal dimensions during diastole are within normal limits, and the systolic function is preserved in the face of mitral regurgitation. There is normal right atrial size without tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension 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 pulmonic or aortic 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 B1.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The use of Enalapril, although not considered to be effective in shrinking the size of the left ventricle,



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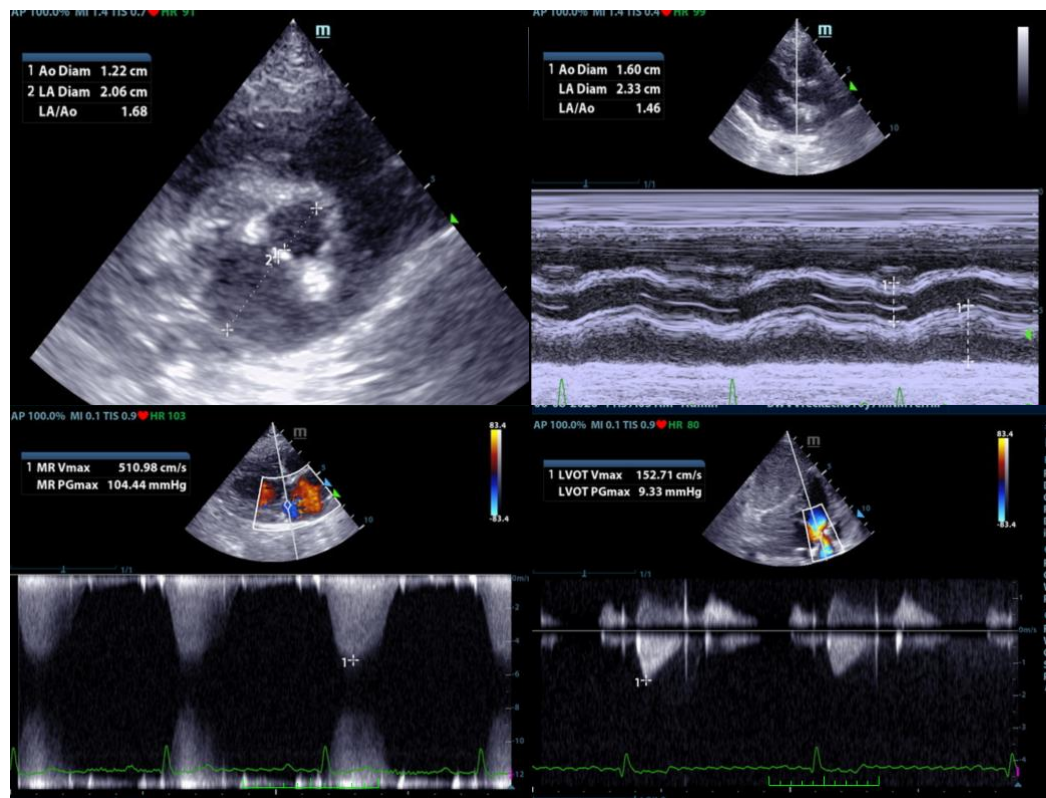
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coincidentally may have been effective to decrease left ventricular size. Other possibilities include thickening of the mitral valve to a point that it decreases the amount of regurgitation, thus allowing for structural remodeling. The use of Enalapril can be considered to be continued at its current dose at this point in time. Since this can be a progressive condition, serial monitoring is recommended.

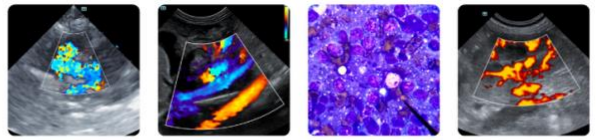
A recheck echocardiogram is recommended in 10 to 12 months. A sooner recheck is recommended if the patient develops cardiovascular clinical signs, such as increased resting respiratory rate or effort, or the heart murmur worsens in intensity.

Elective anesthetic procedures should be well tolerated by this particular patient. If needed, judicious perioperative fluids 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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