

PATIENT

Keto Graves

SPECIES

Canine

BREED

Lab/Border Collie Mix

SEX

Neutered Male

AGE

15 Years

WEIGHT

48 pounds

INTERPRETED BY

Laurent Locquet, DVM,
MRCVS, GPCert, (VC)
Diplomate, ECVIM-CA
(Cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Hello Vet Pet Wellness
Center

REFERRING VET

Dr. Christensen

INVOICE

14194

DATE

03/10/26

PRESENTING CLINICAL SIGNS

- Heart murmur 4/6
- Pulse deficits noted
- No pulmonary edema
- Meds: Thyrotab, Galliprant, Librela, Glucosamine, Chondroitin

Abnormal PE/Chem/CBC/UA Results: From last appointment HR 110, RR 16

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	5.28	2.23	NM	1.21	31	59	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (lbs)	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	1.1	0.48	48.0	3.35	3.37	2.59

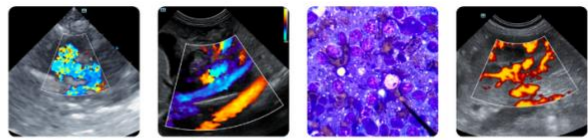
Cardiac Presentation

The left atrium was normal in all 3 views. The mitral valve shows myxomatous changes compatible with myxomatous mitral valve disease and severe mitral valve regurgitation. The left ventricle was normal. The myocardium was normal. Contractility was normal. Left ventricular outflow tract was normal. The right atrium was normal. No evidence of masses. The tricuspid valve revealed moderate TR on doppler. The right ventricle was normal. Mild pulmonary insufficiency was present. No visible pericardial effusion or pleural effusion. The cranial mediastinum and pericardial regions were free of masses in the visible windows.

ECG

Every P wave is followed by a QRS complex. Every QRS complex is preceded by a P wave. The heart rate is 50 beats per minute. The rhythm is regularly irregular. The QRS complexes are narrow and regular. Overall, this is likely to be compatible with the benign respiratory sinus arrhythmia,

ULTRASONOGRAPHIC FINDINGS



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- ACVIM myxomatous mitral valve disease B1 with concurrent severe mitral valve regurgitation and moderate TR with valve regurgitation.
- Mild pulmonic valve insufficiency.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No medication necessary. Recheck in one year unless there are any concerns prior.

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A 24-hour Holter monitoring might be considered to assess the heart rate and rhythm over a longer period of time.

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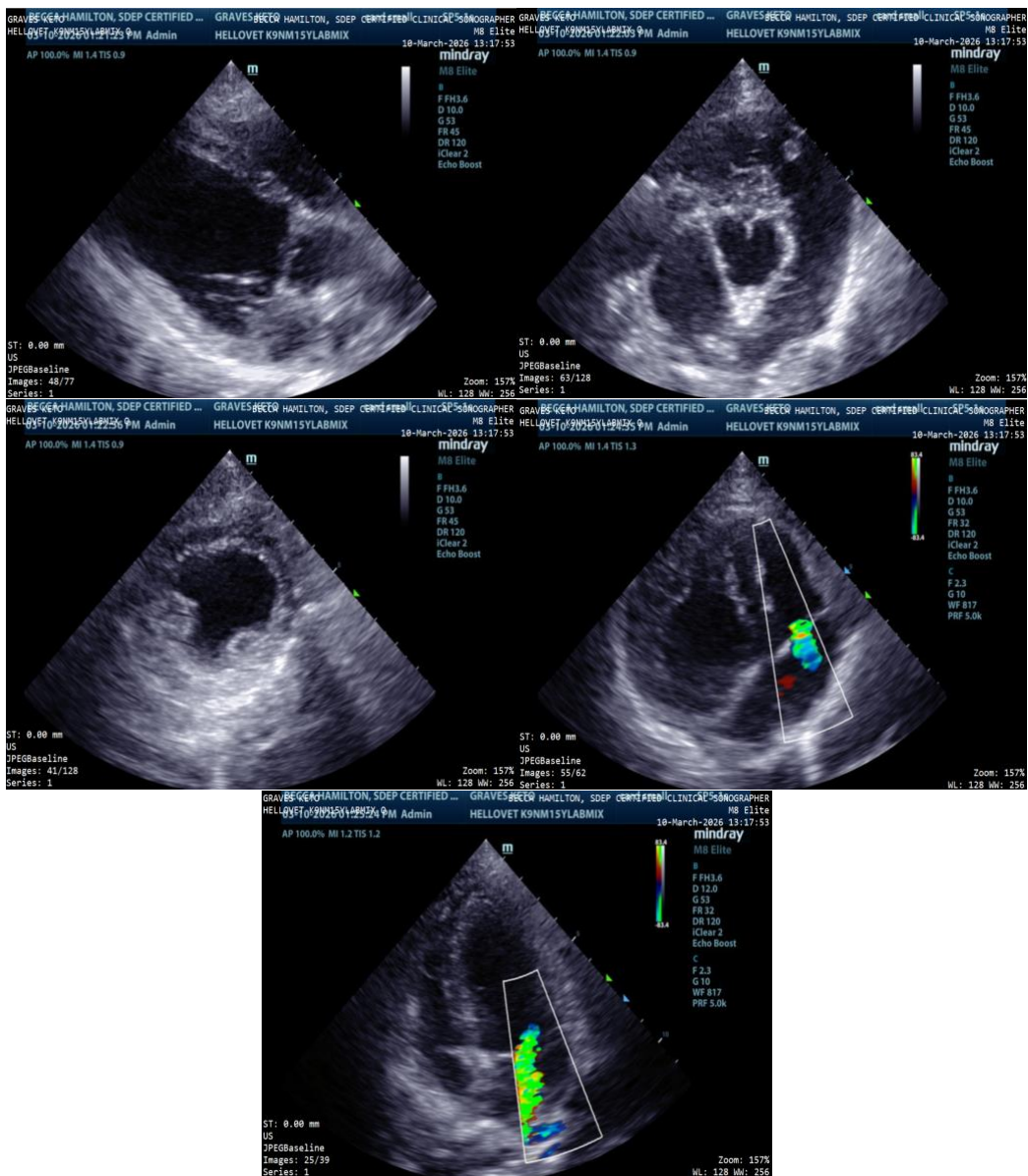
Dr. Christensen

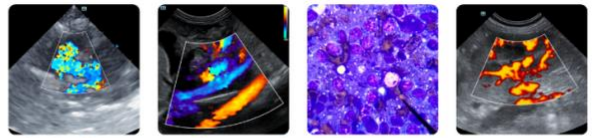
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Laurent Locquet, DVM, MRCVS, GPCert, (VC) Diplomate, ECVIM-CA (Cardiology)

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