



**PATIENT PRESENTING CLINICAL SIGNS**

Henry Zvan Presented to routine COHAT. Clinically normal except 2/6 systolic murmur PMI left heart based, only detectable after sedation with Dexdom (0.005mg/kg) methodone (0.2mg/kg). Current Medications 100mg trazodone morning of appt as PVP

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: increased platelets, increased albumin. otherwise WNL  
 Radiographic Findings Chest x-rays show VHS 11.2, and suspicious for parenchyma changes (caudal dorsal interstitial pattern). rads attached

**BREED**

Cockapoo

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

12.5 kg

**INTERPRETED BY**

Sara Brethel, DVM,  
 DACVIM (Cardiology)

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	UE	--	1.12	1.2	47.46	--	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	--	1.49	1.41	12.5	3.79	3.35	1.76

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Headon Forest AH

**REFERRING VET**

Dr. Gibson

**INVOICE**

13108

**DATE**

01/12/26

**Cardiac Presentation**

The mitral valve leaflets are mildly thickened with trivial mitral regurgitation posteriorly directed. There is **no** prolapse of the mitral valve leaflets. The left atrial size is normal. Left ventricular internal dimensions during diastole are within normal limits and 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 upon tricuspid regurgitant 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**

- Mild degenerative changes with trivial mitral regurgitation.
- Normal left atrial size.
- On chest radiographs, there's no evidence of cardiogenic pulmonary edema.



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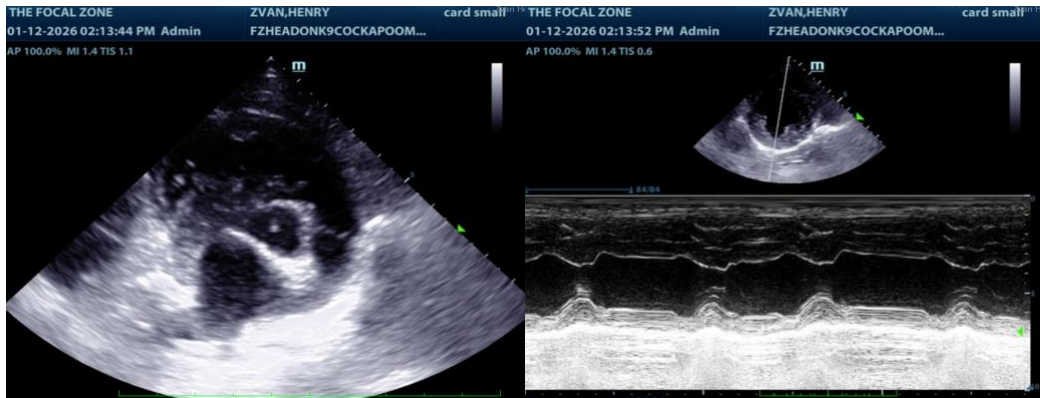
**DATE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient has mild degenerative changes with trivial mitral regurgitation. It is recommended to avoid dexmedetomidine in the future for this patient. Recheck echocardiogram is recommended in 10 to 12 months or sooner if cardiovascular clinical signs are developing, however, it is uncommon for this disease to progress significantly in a year's time. Given the echo findings on the current images provided, recommend obtaining a blood pressure on the patient to ensure it is <160mmHg. If the blood pressure is elevated recommend following ACVIM guidelines for systemic hypertension and treating if indicated.

Standard perioperative fluid rates should be well-tolerated. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. Anticholinergics can be used in the case of a clinically significant bradyarrhythmia (i.e., bradycardia with concurrent hypotension). If the patient is on an ACEi, recommend not giving this therapy the day of anesthesia.



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.

Sara Brethel DVM, DACVIM (Cardiology)

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