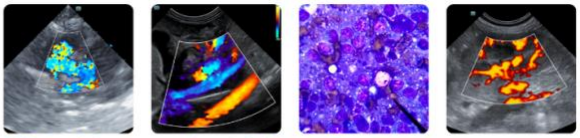

SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Luke Cheshire

SPECIES

Canine

BREED

Schnauzer

SEX

Neutered Male

AGE

6 Years

WEIGHT

42 pounds

INTERPRETED BY

Sara Brethel, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Johnson

INVOICE

13130

DATE

01/12/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Grade 2 systolic murmur noted on wellness exam, recent episodes of coughing ABNORMAL Labwork Values none available For ECHO Only: Blood Pressure will get on day of echo HR/RR/BP: HR 90, panting Is there a Heart Murmur? If so, please grade. yes grade 2/6 , louder L Current Medications none Radiographic Findings will send

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	~7.0	--	1.46	1.08	43.45	--	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	--	~2.5	1.63	19.0	2.9	1.41	0.75

Cardiac Presentation

The mitral valve leaflets are mildly thickened with mild 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 valve has normal morphology and the corresponding outflow velocities are mildly increased. The pulmonic valves have normal morphology and normal corresponding outflow velocities. 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.

ECG

Normal sinus rhythm.

ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease ACVIM stage B1.

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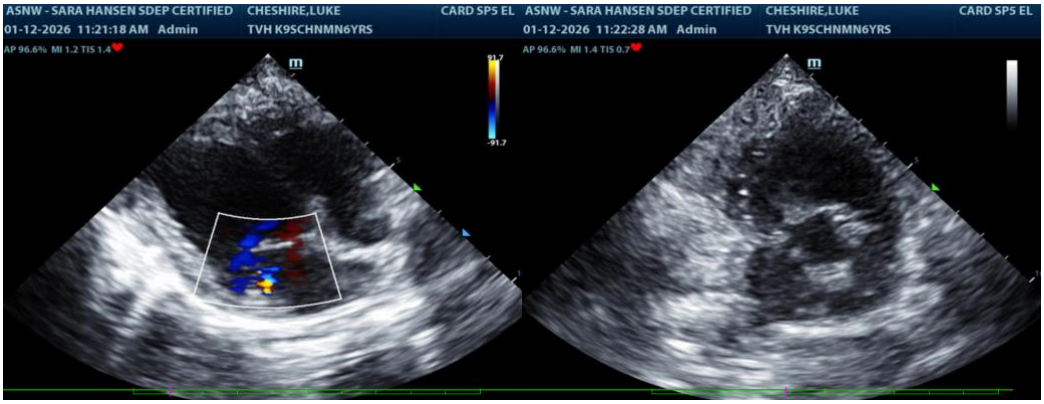
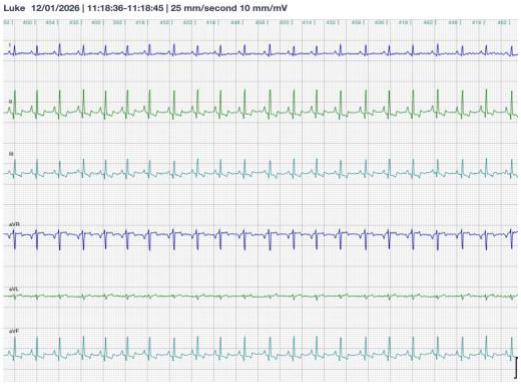
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

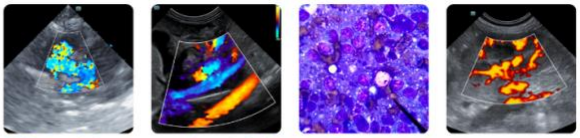
Aortic outflows are mildly increased, this could be an individual variant, physiologic variant, however, a mild form of aortic stenosis cannot be ruled out. With that in mind, no additional medications are needed. If there is a mild congenital aspect, the patient would have had a heart murmur since they were a puppy. To be cautious, I recommend prophylactic antibiotics prior to any elective procedures, i.e. cephalexin versus Clavamox, three to five days prior perioperatively and three to five days postoperatively. Additionally, anytime bacteremia is suspected, i.e. UTI, pyoderma, etc., antibiotic therapy should be pursued.

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.



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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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