



PATIENT

Luna Garcia

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Spayed Female

AGE

9 Years 5 Months

WEIGHT

16.4 Pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Wantage VH

REFERRING VET

Dr. Bullock

INVOICE

35397

DATE

1/13/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Meds: Vetmedin 2.5 mg 1/2 BID, Lasix 40 mg 1/2 BID

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	5.0	2.54	1.97	2.5	51.55	--	--
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	159	1.41	0.85	7.45	4.8	3.86	1.87

Cardiac Presentation

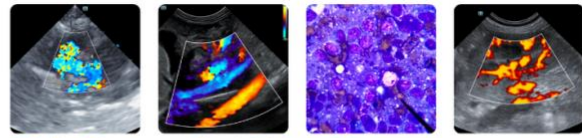
The mitral valve leaflets are moderately thickened with moderate mitral regurgitation posteriorly directed. There is moderate prolapse of the mitral valve leaflets. The left atrial size is severely increased and progressive when compared to the previous exam. Left ventricular internal dimensions during diastole are increased and systolic function is preserved in the face of mitral regurgitation. There is normal right atrial size with mild 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

- Degenerative valve disease, ACVIM stage C
- Mild tricuspid regurgitation without evidence of pulmonary hypertension
- Progressive left atrial size

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has degenerative valve disease, ACVIM stage C. I recommend increasing the Vetmedin to



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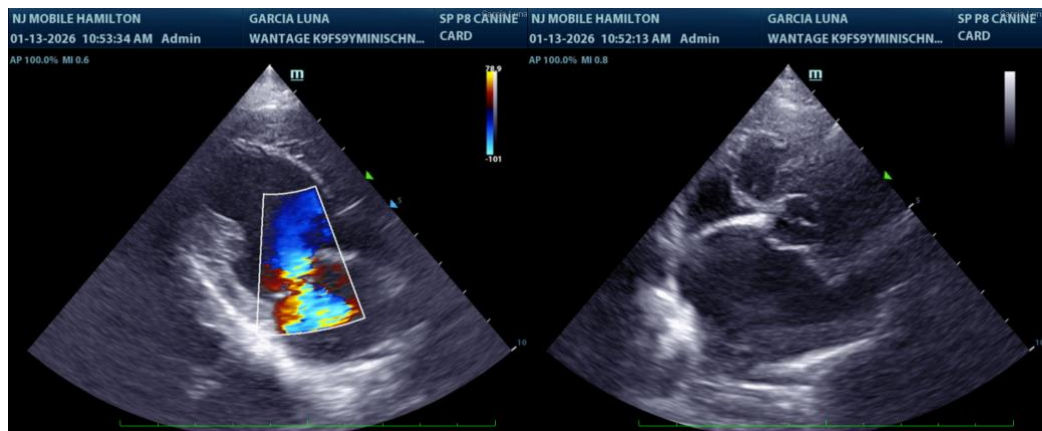
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2.5 mg tablets twice daily, given the patient's weight, and to help optimize cardiac function. Otherwise, when compared to the previous study, aside from the progressive left atrial enlargement, the rest of the exam has remained stable. Blood pressure monitoring is recommended. 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. I also recommend starting the patient on an ace inhibitor, enalapril versus benazepril at a dose of 0.5 mg/kg once to twice daily, along with spironolactone for aldosterone antagonism at a dose of 2.0 mg/kg once daily. 2-3 weeks after starting ace inhibitors, I recommend rechecking kidney values. Blood work to assess the kidney values is recommended every 4-6 months while the patient is on this therapy, after that first 2-3 week recheck. The client should start monitoring respiratory rate and effort at home if not already doing so. The resting respiratory rate should be < 35-40 breathes/minute when the patient is resting or sleeping. If the breathing rates are increasing, then chest radiographs are recommended. A recheck echo is recommended in another 6 months, sooner if the patient is decompensating or developing cardiovascular clinical signs.



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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