



PATIENT

Phoebe Tanzer

SPECIES

Canine

BREED

Beagle X

SEX

Spayed Female

AGE

9 Years

WEIGHT

46.7 Pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Four Corners VC

REFERRING VET

Dr. Dull

INVOICE

35395

DATE

1/13/26

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: Grade 3-4/6 systolic murmur ABNORMAL Labwork Values CBC/Chem18/E3/T4/UA all WNL dated 11/20/2025 For ECHO Only: Blood Pressure 110/90 (96), 128/101 (114), 129/104 (114), 90/67 (76), 141/102 (128), averages (after throwing out highest and lowest)=122/98 (108) HR/RR/BP: 160-200bpm Is there a Heart Murmur? If so, please grade. Grade 3-4/6 Current Medications none Radiographic Findings Increased VHS seen on 3-view chest films performed this morning=>emailed to you.

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	5.89	--	NM	1.72	39.72	70.64	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	--	1.65	1.42	21.22	5.4	4.28	2.58

ECG Interpretation

Sinus tachycardia

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 moderately increased. 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 no 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.



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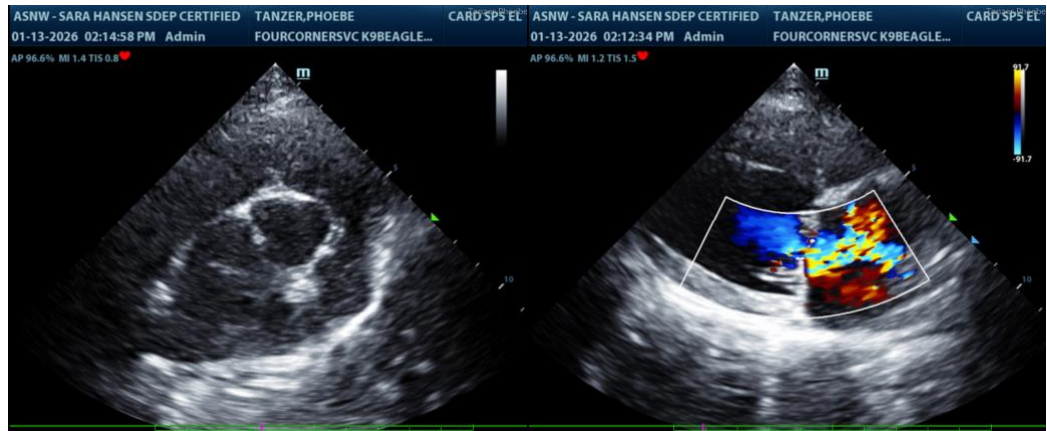
ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease, ACVIM stage B-2 (mitral)
- Moderate left atrial enlargement

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has degenerative valve disease ACVIM stage B2 and pimobendan therapy at 0.27-0.32mg/kg PO q12 is recommended. This will be a lifelong therapy. A recheck echocardiogram is recommended in 4-6 months to monitor the condition since starting pimobendan. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmur is worsening in intensity. 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.

The reported blood pressures are within normal limits. If needed, anesthesia can be performed, however, I recommend the patient be on pimobendan for at least 1-3 weeks prior to elective anesthetic procedures. Judicious perioperative fluids are recommended due to the 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 (i.e., bradycardia with concurrent hypotension). If the patient is on an ACEi, recommend not giving this therapy the day of anesthesia.





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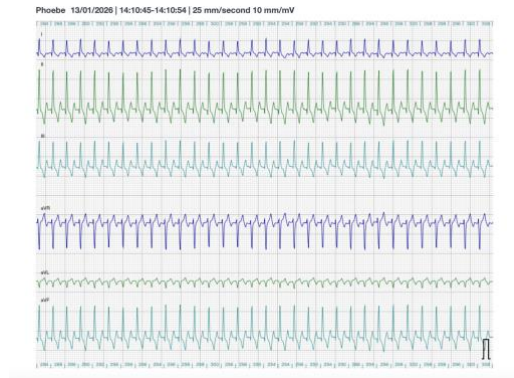
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sara Brethel DVM, DACVIM (Cardiology)

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