

PATIENT

Winston Williams

SPECIES

Canine

BREED

Mixed Breed

SEX

Neutered Male

AGE

2 Years 4 Months

WEIGHT

74.9 Pounds

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

King VH

REFERRING VET

Dr. Aldridge

INVOICE

35400

DATE

1/13/26

PRESENTING CLINICAL SIGNS

History: P presented for echo due to new murmur found on routine exam. No symptoms.

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	5.9	2.9	NM	1.46	49.34	81.34	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	173	2.51	1.91	34.05	4.17	3.83	1.94

Cardiac Presentation

There is normal left atrial size. The mitral valve leaflets appear mildly dysplastic and there is mild eccentric mitral regurgitation. There appears to be billowing of the anterior mitral valve leaflet. Left ventricular systolic and diastolic function is normal. Mitral inflows are normal. There is normal right atrial size with trivial evidence of tricuspid regurgitation, again, eccentrically directed. There is no prolapse of tricuspid valve leaflets and no evidence of pulmonary hypertension on the images provided. The aortic and pulmonic valves have normal morphology. Both aortic and pulmonic corresponding outflow velocities are mildly increased. There is no evidence of pulmonic insufficiency. There is mild aortic insufficiency. The aorta, both on long and short axis, appears mildly decreased. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Dysplastic mitral valve with mitral regurgitation
- Normal left atrial size
- Billowing of the mitral valve leaflets
- Mild tricuspid regurgitation
- Elevated aortic and pulmonic outflow velocities
- Aortic insufficiency



PATIENT

- Small aortic root

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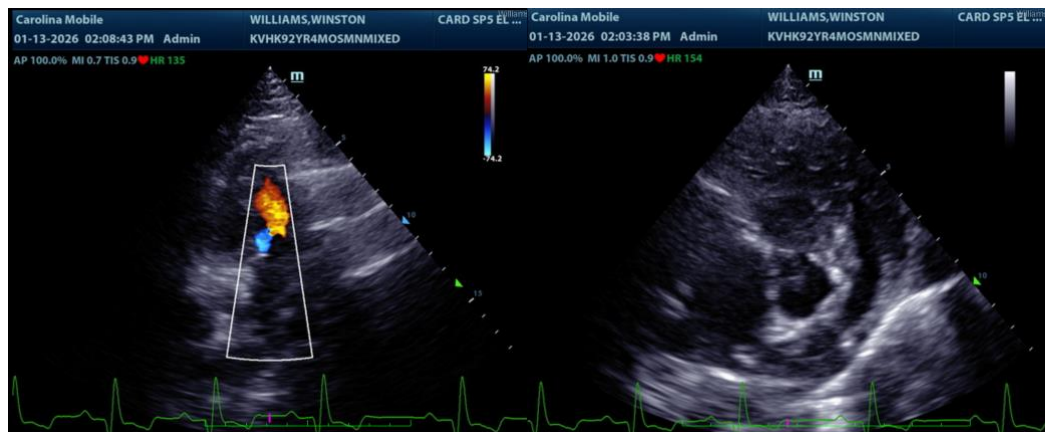
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has mild dysplastic changes to the mitral valve, as well as a small aortic root, and mildly increased aortic outflow velocities and mildly increased pulmonic outflow velocities. These findings are consistent with several congenital diseases, mitral valve dysplasia, aortic versus subaortic stenosis, pulmonic stenosis, all of which appear to me mild at this time, and no medications are indicated, however, due to the increased risk for endocarditis associated with abnormalities with the aortic valve, I recommend prophylactic antibiotics any time the patient has suspected bacteremia (i.e., UTI, skin infection, etc.), as well as any time elective anesthetic procedures are pursued. Antibiotics should be given 3-5 days prior to procedure (clavamox vs cephalexin) perioperatively, and 3-5 days postoperatively. Recheck echo is recommended in 6 months to monitor for any additional remodeling. No clinical signs are reported and no cardiac therapies are recommended at this time.



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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