PATIENT

Dior Cooper

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

10 Years

WEIGHT

8 Pounds

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Andrea Nicastro, DVM, DACVIM

HOSPITAL NAME

VC of Myrtle Beach

REFERRING VET

Dr. Boland

INVOICE

35404

DATE

1/14/26

PRESENTING CLINICAL SIGNS

History: Presented 12/17/25 for inappetence and urinary accidents H/o heart murmur - increased from grade 2/6 on 2/2025 to a grade 4/6 on 12/17/25.

Abnormal PE/Chem/CBC/UA Results: Labs: Albumin = 2.4, BUN = 71, Creat = 1.3, SDMA = 23.5 (previous labs 10/2/25 BUN 47, Creat 0.8, SDMA 14.6; and 7/17/25 BUN = 51, Creat 0.8, SDMA 14.3), all other chems and cbc wnl. HWT/tick panel negative. MAPs today range from 111-170mmHg Rad report: The cardiac silhouette is normal in size and shape, no specific chamber enlargement is detected (vertebral heart score = 9.3, VLAS = 2.0, right lateral view). The pulmonary blood vessels are normal in diameter. The lungs are normal in opacity with well-defined blood vessel margins and no nodules or masses. The trachea and lobar airways are normal in diameter and gas-filled. The mediastinum is unremarkable with no lymphadenopathy or masses. No pleural space abnormalities are detected. The included abdomen is unremarkable.

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	6.0	2.0	1.29	1.08	45.74	--	0.18
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	NM	1.0	0.5	3.63	2.6	2.58	1.4

Cardiac Presentation

The mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is no prolapse of the mitral valve leaflet. 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 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 trace evidence of pulmonic insufficiency. There is mild

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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

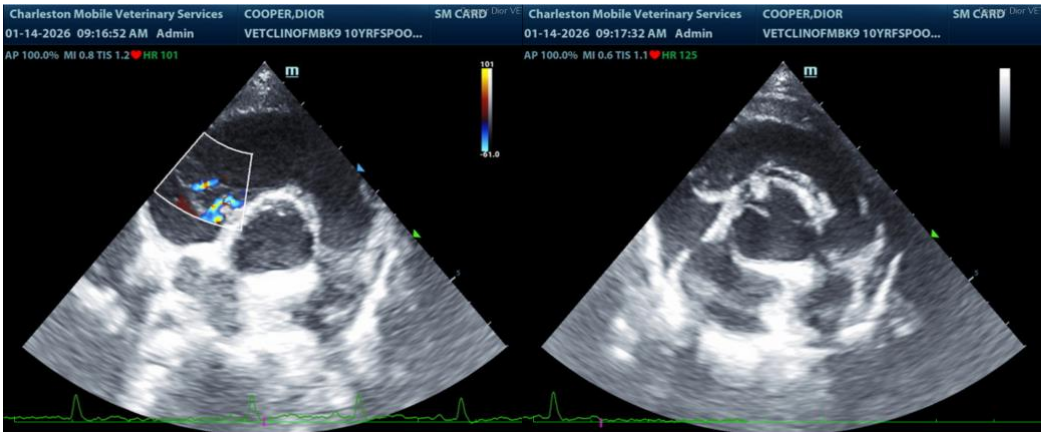
- Degenerative valve disease, ACVIM stage B-1 (mitral and tricuspid)
- Trace PI
- Mild AI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has degenerative valve disease ACVIM stage B1 and no cardiac medications are indicated at this time. Since this can be a progressive condition, serial monitoring is recommended. A recheck echocardiogram is recommended in 6 months. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmur is worsening in intensity. Elective anesthetic procedures should be well tolerated.

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.

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.



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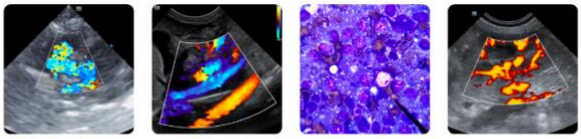

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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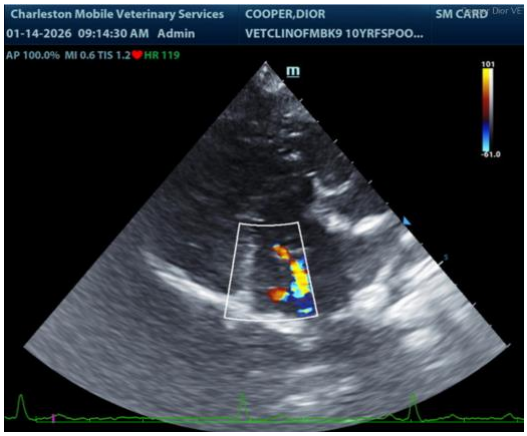

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com