

**PATIENT**

Bama Wilkerson

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

55 Pounds

**INTERPRETED BY**

Sara Brethel, DVM,  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Andrea Nicastro, DVM,  
 DACVIM

**HOSPITAL NAME**

Blue Pearl Summerville

**REFERRING VET**

Dr. Kelsey Harris

**INVOICE**

35406

**DATE**

1/15/26

**PRESENTING CLINICAL SIGNS**

History: Hx of HW dz treated in 2020. Since then, intermittent exercise intolerance and cough. Presented for acute vomiting and regurg w labored breathing; gastric fluid and gas. Has NG tube. Mile bronchointerstitial pattern. The patient is on sildenafil.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

<b>CANINE CARDIAC PARAMETERS</b>	<b>MR VMAX</b> (m/s)	<b>TR VMAX</b> (m/s)	<b>LA/AO</b> (M-Mode)	<b>LA/AO</b> (Heart Base; Swe)	<b>FS</b> (%)	<b>EF</b> (%)	<b>EPSS</b> (cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
<b>PATIENT</b>	~6.0	~4.0	1.14	1.12	35.34	--	--
<b>CANINE CARDIAC PARAMETERS</b>	<b>HR</b> (BPM)	<b>AV VMAX</b> (m/s)	<b>PV MAX</b> (m/s)	<b>BODY WEIGHT</b> (kg)	<b>LAD</b> LA MAX 4 Chamber	<b>LVIDd</b> Avg; 2D and m-mode short axis (cm)	<b>LVIDs</b> Avg; 2D and m-mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	--	~1.0	~0.5	25 kg	4.9	4.3	2.78

**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 mild to moderate 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 pulmonic insufficiency. There is no aortic insufficiency. The aorta appears normal. The pulmonary artery and associated branches are significantly dilated. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

**ULTRASONOGRAPHIC FINDINGS**

- Degenerative valve disease, ACVIM stage B-1 (mitral and tricuspid)
- Mild to moderate pulmonary hypertension
- Dilated pulmonary artery
- Trace PI



**PATIENT**

Bama Wilkerson

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

55 Pounds

**INTERPRETED BY**

Sara Brethel, DVM,  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Andrea Nicastro, DVM,  
 DACVIM

**HOSPITAL NAME**

Blue Pearl Summerville

**REFERRING VET**

Dr. Kelsey Harris

**INVOICE**

35406

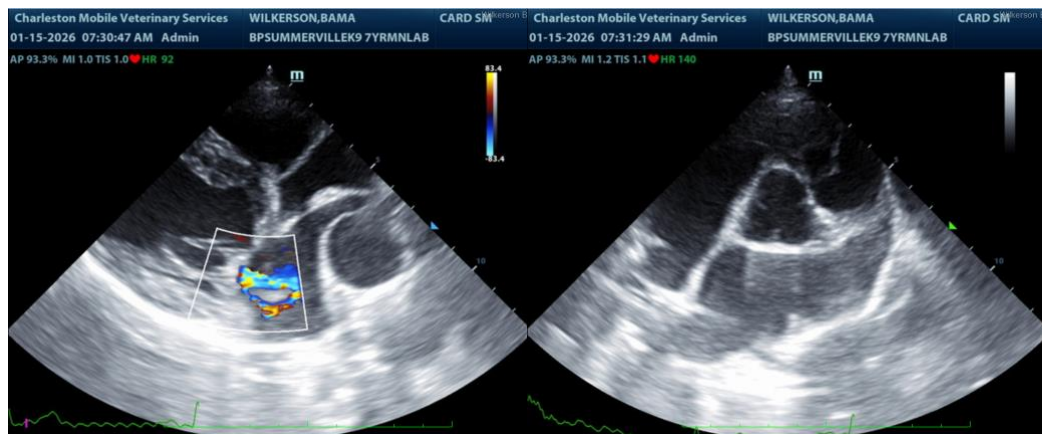
**DATE**

1/15/26

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient does have mild degenerative valve disease with evidence of mild to moderate pulmonary hypertension, however, therapy for the pulmonary hypertension is not recommended. The history of heartworm disease is likely contributing to the severely dilated pulmonary artery and associated branches. The patient may require therapy for pulmonary hypertension in the future, however, the cause of the vomiting, regurgitation, and labored breathing, is not cardiac in nature at this time. On the chest radiographs provided, the pulmonary artery is severely enlarged, consistent with the echocardiographic findings. A recheck echo is recommended in 6-9 months, sooner if the respiratory signs are not improving with therapy for the acute gastrointestinal signs.

Note, if the patient is on sildenafil and the breathing pattern has improved, I recommend continuing. Otherwise, if there has been no change in the breathing, sildenafil should be discontinued.



**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](mailto:info@SonoPath.com)