



PATIENT

Caleesi Winterbottom

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

13 Years

WEIGHT

51.6 Pounds

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Shohola VH

REFERRING VET

Dr. Wright

INVOICE

35524

DATE

1/20/26

PRESENTING CLINICAL SIGNS

History:

- BCS 5/9
- Following up previous echo 5/15/2024 (report attached)
- coughing
- URI vs heart dz
- Had 3/6 murmur in past no longer present per Dr. SW.
- Current Meds: Pimobendan 7.5mg 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	5.7	1.86	NM	1.82	49.46	--	--
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	1.29	1.0	23.45	4.3	3.7	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 moderately increased. Left ventricular internal dimensions during diastole are normal 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



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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

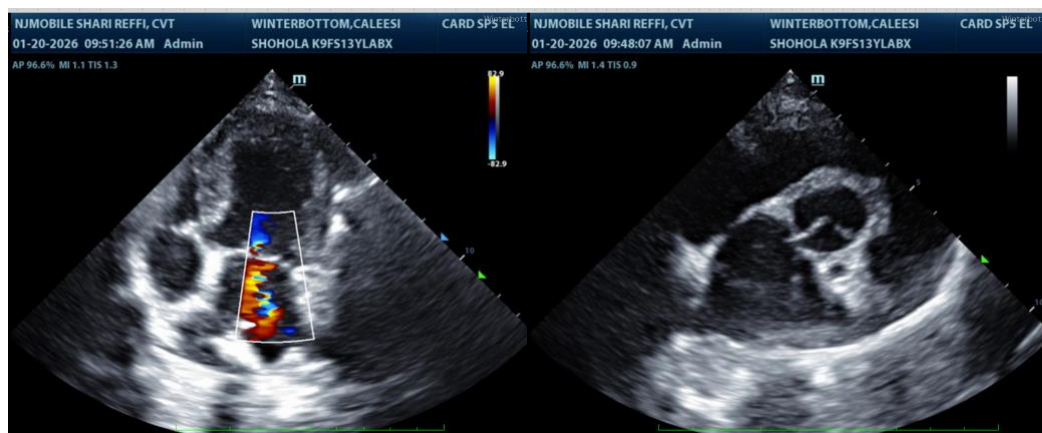
- Degenerative valve disease, ACVIM stage B-2

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

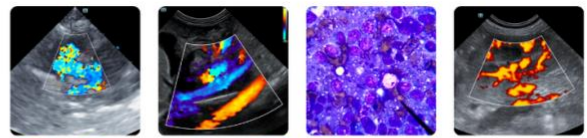
The patient continues to have degenerative valve disease. There's been progression in the La/Ao heart base measurements with improvement noted on left ventricular dimensions. It is unknown the significance of the cough without obtaining chest radiographs. With the patient's signalment and coughing, while left atrial pressures do not appear elevated on the images provided, chest radiographs are recommended to ensure the patient is not starting to develop cardiogenic pulmonary edema. There can also be mainstem bronchus compression secondary to the left atrial enlargement. As long as there is no evidence of a pulmonary pattern, either from pulmonary edema or pneumonia, you can consider cough suppression with hydrocodone at a dose of 0.2 mg/kg twice daily. If the patient is in a cold environment with the heat going, this can also cause coughing, and I recommend using a humidifier. Recheck echo is recommended in 6-9 months, sooner if the patient is developing cardiovascular clinical signs.

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.

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.



The information and recommendations provided are based on the images presented by the



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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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