

PATIENT

Chicken Schoel

SPECIES

Canine

BREED

Bedlington Terrier

SEX

Intact Female

AGE

6 Months

WEIGHT

~7 kg

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Westoak AH

REFERRING VET

Dr. Kohlmaier

INVOICE

35611

DATE

1/29/26

PRESENTING CLINICAL SIGNS

- 1-2 grade heart murmur

- Primary Question to Be Answered in This Exam: checking Heart murmur

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	Underest	--	1.36	1.1	39.2	--	--
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	1.14	1.53	1.07	~7	2.7	2.5	1.52

Cardiac Presentation

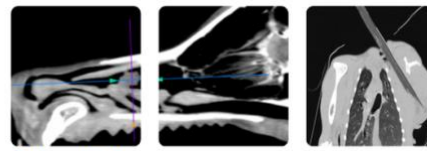
The mitral valve leaflets appear normal, however there is trivial eccentric mitral regurgitation. There is no prolapse of the mitral valve leaflets. The left atrial size is normal. Left ventricular systolic and diastolic function is within normal limits. There is normal right atrial size without evidence of tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension on today's evaluation. 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.

ULTRASONOGRAPHIC FINDINGS

- Trivial eccentric mitral regurgitation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has some trivial eccentrically directed mitral regurgitation. This may represent a mild form of mitral valve dysplasia; however, it can also be physiologic in nature. Serial monitoring is recommended. I would perform another echo when the patient is full grown, in another 6-9 months, to reassess the findings. Elective anesthetic procedures should be well tolerated, if they need to be



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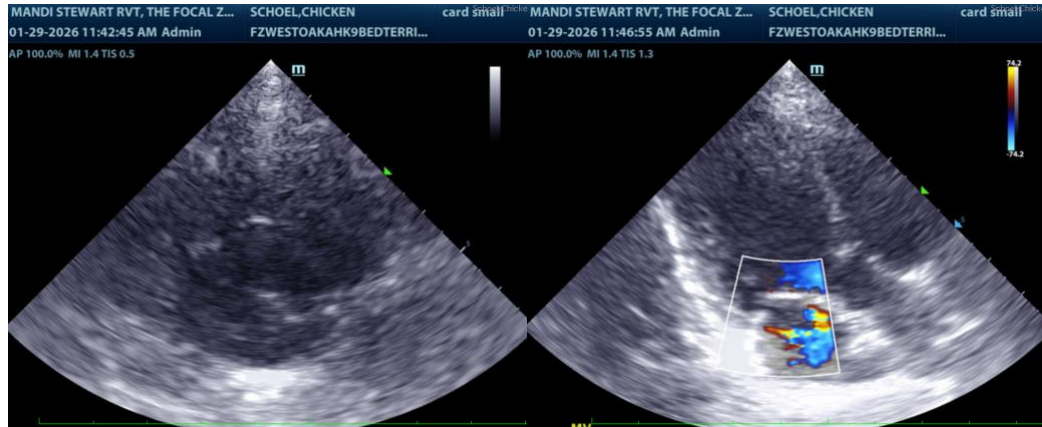
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performed. Standard perioperative fluid rates should be well-tolerated. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. Anticholinergics can be used in the case of a clinically significant bradyarrhythmia (i.e., bradycardia with concurrent hypotension). If the patient is on an ACEi, recommend not giving this therapy the day of anesthesia.



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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