



PATIENT

Meeka Kennon

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

14 Years 1 Month

WEIGHT

3.9 pounds

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

P presented for echo due to 5-6/6 heart murmur and owners request for dental cleaning. Arrhythmia seen during echo- owners declined 6 lead ECG evaluation. Please comment on anesthesia risk and best protocol.

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	5.5	2.0	NM	1.91	58.33		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	155	0.88	0.75	1.77	2.6	2.4	1.0

Cardiac Presentation

The mitral valve leaflets are moderately thickened with moderate mitral regurgitation posteriorly directed. There is billowing of the mitral valve leaflets. The left atrial size is moderately to severely increased. Left ventricular internal dimensions during diastole are increased and systolic function is preserved in the face of mitral regurgitation. There is normal right atrial size with mild tricuspid regurgitation. There is billowing 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 evidence of mild pulmonic and 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. There is an arrhythmia present.

INVOICE

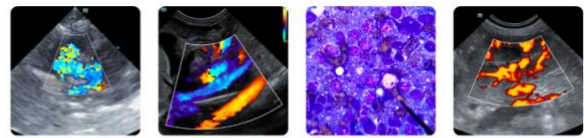
12992

DATE

01/06/2026

ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease ACVIM stage B2.
- Moderate to severe left atrial enlargement.
- Tricuspid regurgitation without evidence of significant pulmonary hypertension.
- Arrhythmia.
- Mild pulmonic and aortic insufficiency.



PATIENT

Meeka Kennon

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

14 Years 1 Month

WEIGHT

3.9 pounds

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
 Lake Brandt

REFERRING VET

Dr. Smith

INVOICE

12992

DATE

01/06/2026

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has degenerative valve disease ACVIM stage B2 and Pimobendan therapy at 0.27-0.32mg/kg PO q12 is recommended. This will be a lifelong therapy. A recheck echocardiogram is recommended in 4-6 months to monitor the condition since starting Pimobendan. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmur is worsening in intensity. 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.

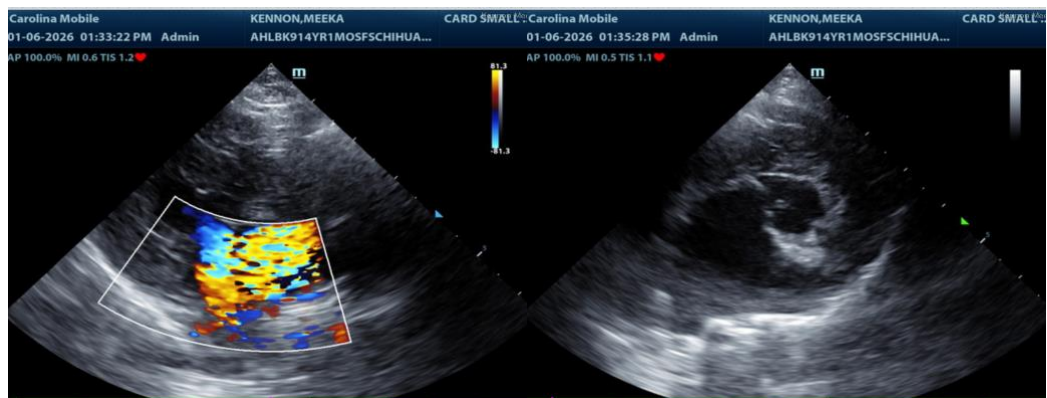
Recommend obtaining a blood pressure on the patient to ensure it is <160mmHg. If the blood pressure is elevated recommend following ACVIM guidelines for systemic hypertension and treating if indicated.

The patient has an arrhythmia, and a 6-lead electrocardiogram is strongly recommended to evaluate the significance of the arrhythmia. A holter monitor may also be needed. The patient is overall at an increased anesthetic risk due to the enlargement of the heart. There is a component that remains unknown without knowing what the heart rate and rhythm is doing as well. If the patient needs anesthesia for quality-of-life purposes, I recommend ideally having the patient on Pimobendan for at least 1-3 weeks prior to elective procedures.

Close monitoring of breathing rates and monitoring of the rate and rhythm. When arrhythmias are involved in patients, and the significance of the arrhythmia is unknown, unfortunately that does pose a risk for patients and patients can pass away suddenly.

With the extent of the patient's cardiac condition, I would consider referral for this patient to a veterinary cardiologist. If not moving forward with referral, then I would monitor breathing rates, obtain chest radiographs if breathing or coughing is changing and then a recheck and echo in 4-6 months.

Judicious perioperative fluids are recommended due to the increased left atrial size. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. If needed, anticholinergics can be used in the face 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.





PATIENT

Meeka Kennon

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

14 Years 1 Month

WEIGHT

3.9 pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

**IMAGING
PERFORMED BY**

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
Lake Brandt

REFERRING VET

Dr. Smith

INVOICE

12992

DATE

01/06/2026

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