



PATIENT

Kiki Bannen

SPECIES

Canine

BREED

Maltipoo

SEX

Spayed Female

AGE

13 Years 10 Months

WEIGHT

5.9 Pounds

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Wyckoff VH

REFERRING VET

Dr. Scott

INVOICE

35484

DATE

11/10/25

PRESENTING CLINICAL SIGNS

History: Murmur, cough, syncopal episodes. Meds: Pimobendan 1.25 mg 1/2 BID, Tylan powder.

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	6.52	4.35	1.9	2.34	41.66	--	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	--	1.25	NM	2.68	3.17	2.4	1.4

Cardiac Presentation

The mitral valve leaflets are moderately thickened with severe mitral regurgitation posteriorly directed. There is moderate prolapse of the mitral valve leaflets. The left atrium is severely enlarged. Left ventricular internal dimensions during diastole are increased and systolic function is preserved in the face of moderate regurgitation. There is normal right atrial size with mild tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and severe 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 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. There is scant pericardial effusion. No intracardiac masses are observed.

ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease
- Severe left atrial enlargement
- Severe mitral regurgitation
- Tricuspid regurgitation with severe pulmonary hypertension
- Trace pericardial effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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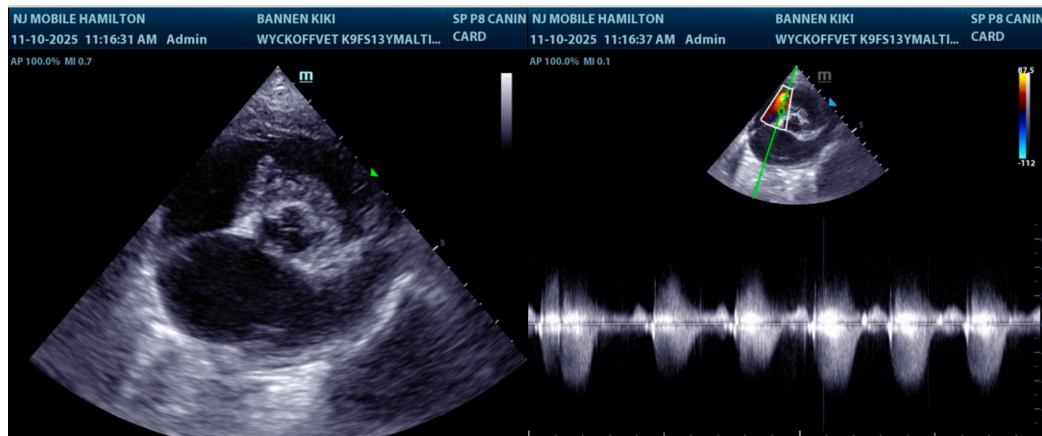
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The patient has degenerative valve disease. Given the pericardial effusion and collapse episodes, there is concern that the patient may be in active congestive heart failure, especially with the history of coughing and syncopal episodes. Recommend obtaining chest radiographs and continued pimobendan therapy. Recommend the patient is receiving Vetmedin. Given the severe pulmonary hypertension and the scant pericardial effusion, this could also be an indication of early right sided heart failure. There is risk starting sildenafil, as if the patient is not in heart failure, this could push the patient to heart failure, which is why chest radiographs are recommended. If there is no evidence of cardiogenic pulmonary edema, can start sildenafil at a dose of 1-3 mg/kg every 12 hours. Close monitoring of the breathing rates is strongly recommended, as this patient is at risk of going into congestive heart failure. Due to the severity of the condition and the patient's clinical signs, strongly recommend considering referral to a veterinary cardiologist for continued management. If collapse episodes persist, also recommend obtaining an electrocardiogram and considering a Holter monitor. Recommend ensuring the patient is normotensive. 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. If not pursuing referral, recommend a recheck echo in 4 months, sooner if clinical signs are not improving with therapy.



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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