

**PATIENT**

Rosie Tanguay

**SPECIES**

Canine

**BREED**

Shih Tzu X

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

5.9 kg

**INTERPRETED BY**

Sara Brethel, DVM,  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Graham AH

**REFERRING VET**

Dr. Seager

**INVOICE**

35483

**DATE**

11/10/25

**PRESENTING CLINICAL SIGNS**

History: Possible syncope episodes x 2 in the past month. Fell over, struggled to get up, did not lose consciousness? Did pass BM/U, but no indication of seizure type even (no prodromal or post-ictal). - HMR - can possibly detect a thrill - was previously Gr IV/VI - BP's elevated (although stressed in clinic) - avg 240/116 MAP 158. - Rads - no indication of enlarged heart or obvious pulmonary edema - lungs appear sl "messy" as with old age - Bloodwork and u/a will be attached. Hx of renal dz after leptospirosis infection 1 yr ago. Bloodwork currently wnl, urine shows hyaline casts, trace blood (but was licking at vulva recently). Current Medications None currently.

Abnormal PE/Chem/CBC/UA Results: See attached Values Hyaline casts and M1-2 RBC on urinalysis, otherwise naf. Radiographic Findings Will be attached, no indication of heart enlargement or pulmonary edema at this time. Primary Question to Be Answered in This Exam Cause of collapse - possible syncope? Meds needed for high blood pressure? Or investigate other causes of collapse?

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

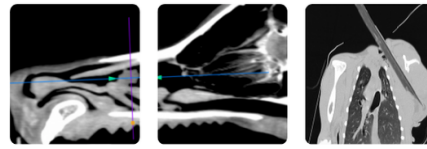
<b>CANINE CARDIAC PARAMETERS</b>	<b>MR VMAX</b> (m/s)	<b>TR VMAX</b> (m/s)	<b>LA/AO</b> (M-Mode)	<b>LA/AO</b> (Heart Base; Swe)	<b>FS</b> (%)	<b>EF</b> (%)	<b>EPSS</b> (cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
<b>PATIENT</b>	5.8	Underest	1.18	1.21	50	--	NM
<b>CANINE CARDIAC 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>	--	1.19	1.02	5.9	2.2	2.4	1.2

**Chest Radiographic Interpretation**

The cardiac silhouette is within normal limits. The pulmonary vasculature is normal. There are no signs of cardiogenic pulmonary edema.

**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 no evidence of pulmonary hypertension based upon



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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, pericardial effusion, or intracardiac masses.

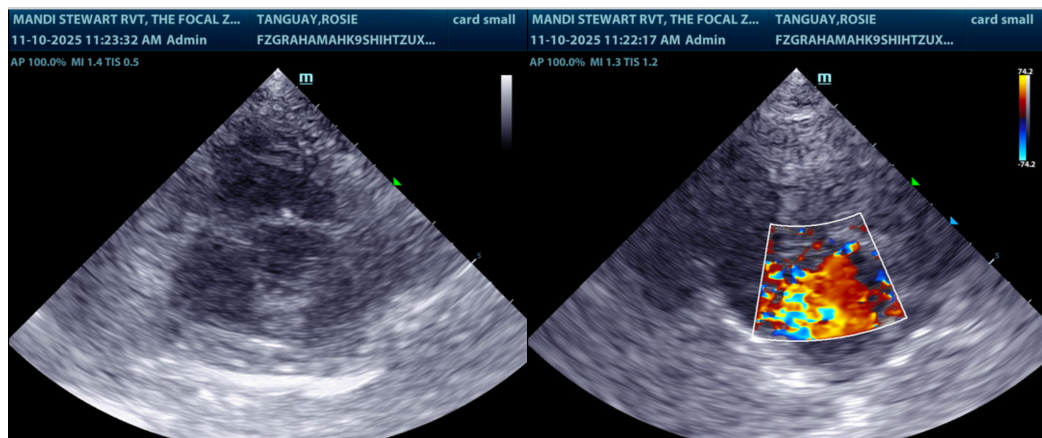
**ULTRASONOGRAPHIC FINDINGS**

- Degenerative valve disease, ACVIM stage B-1 (mitral and tricuspid)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient has degenerative valve disease ACVIM stage B1 and no cardiac medications are indicated at this time. Since this can be a progressive condition, serial monitoring is recommended. A recheck echocardiogram is recommended in 10-12 months. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmur is worsening in intensity.

The cause of the patient's collapse episodes does not appear to be secondary to the degenerative valve disease. The reported blood pressure is severely elevated and recommend following ACVIM guidelines for systemic hypertension. Can also try and obtain a blood pressure with the owner present. Ensure the patient is in lateral recumbency in the nondependent limb and the leg is at the level of the heart to avoid spurious readings. If collapse episodes persist, recommend further evaluation. Can also consider referral. Have the client try and obtain a video of the event. Can also consider a Holter monitor.

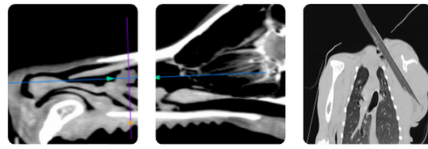


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)



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