



**PATIENT**

Griffen Opelt

**SPECIES**

Canine

**BREED**

English Setter

**SEX**

Neutered Male

**AGE**

5 Years

**WEIGHT**

53 Pounds

**INTERPRETED BY**

Sara Brethel, DVM,  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Dr. Andrea Nason

**HOSPITAL NAME**

Caravan Vet

**REFERRING VET**

Dr. Andrea Nason

**INVOICE**

35489

**DATE**

11/11/25

**PRESENTING CLINICAL SIGNS**

History: Griffen was diagnosed with canine heartworm disease in Feb of this year. He had an echocardiogram in March (report attached) that showed Mitral regurgitation, Heartworm within the pulmonary artery, and enlarged pulmonary artery. He has undergone 3 rounds of HW treatment per the AHS guidelines. He had a recheck echocardiogram in July (attached). He has a dental procedure next week - cardiac recheck evaluation today to evaluate for any changes/progression since July that may impact anesthesia. ECG and chest radiographs also attached.

Abnormal PE/Chem/CBC/UA Results: ProBNP 1286 CBC, Chem WNL/NSF.

**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	~5.0	NM	NM	1.42	31.7	--	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	--	--	~0.5	24.09	4.0	4.1	2.8

**Chest Radiographic Interpretation**

Cardiac silhouette is within normal limits. There is no evidence of cardiogenic pulmonary edema.

**ECG Interpretation**

Sinus rhythm with a sinus arrhythmia.

**Cardiac Presentation**

The mitral valve leaflets remain mildly thickened with mild to moderate mitral regurgitation. There is no prolapse of the mitral valve leaflets. The left atrial size is normal. Left ventricular dimensions during systole and diastole remain within normal limits and systolic function is preserved in the face of mitral regurgitation. There is normal right atrial size with new trivial tricuspid regurgitation. There does not



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appear to be evidence of measurable pulmonary hypertension. The right ventricle subjectively appears normal in structure and function. Aortic and pulmonic valves have normal morphology. Pulmonic corresponding outflow velocities are normal. There is no evidence of pulmonic or aortic insufficiency. The aorta, pulmonary artery, and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses. Heartworms are not visible on today's evaluation.

## ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease, ACVIM stage B-1
- History of heartworm disease

## 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. Elective anesthetic procedures should be well tolerated.

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.

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.

It is recommended to avoid acepromazine in this patient as well.

There has not been significant progression since the previous exam performed.



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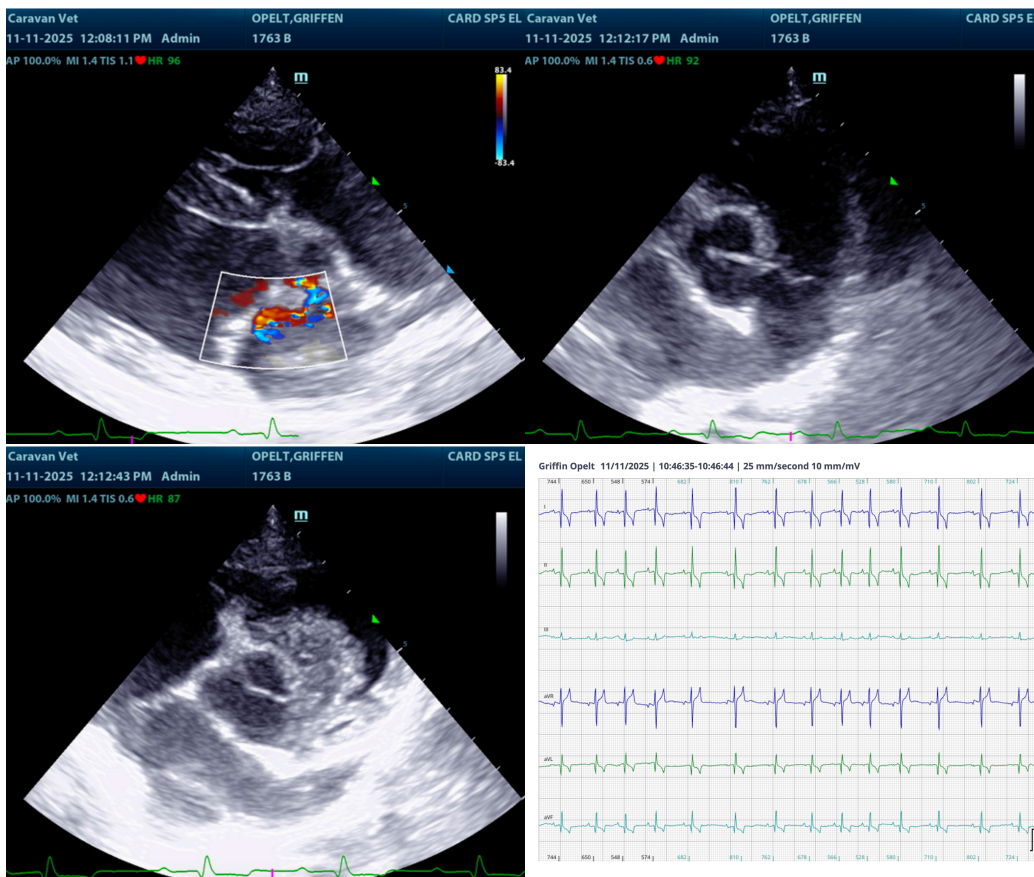
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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