

PATIENT

Riley Jenkins

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

11 Years

WEIGHT

7 Pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Andrea Nicastro, DVM,
DACVIM

HOSPITAL NAME

Waterway AH

REFERRING VET

Dr. Roland

INVOICE

35493

DATE

11/12/25

PRESENTING CLINICAL SIGNS

History: Previously diagnosed with B2 DVD Meds: Vetmedin 2.5mg 1/2 TID, Cardalis 20mg/2.5mg 1/2 SID.

Abnormal PE/Chem/CBC/UA Results: 4/6 murmur.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

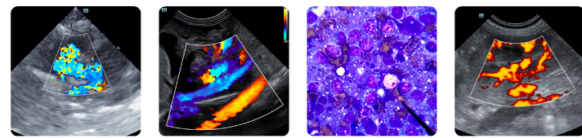
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	~6.0	~3.0	1.64	--	51.85	--	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV VMAX (m/s)	BODY WEIGHT (kg)	LAD 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	1.8	~1.0	~1.0	3.18	3.0	2.7	1.3

Cardiac Presentation

The mitral valve leaflets are moderately thickened with moderate mitral regurgitation posteriorly directed. There is moderate prolapse of the mitral valve leaflets. The left atrial size is moderately 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 no prolapse of the tricuspid valve leaflets and mild 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 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-2
- Moderate left atrial enlargement
- Mild degeneration of the tricuspid valve with mild pulmonary hypertension



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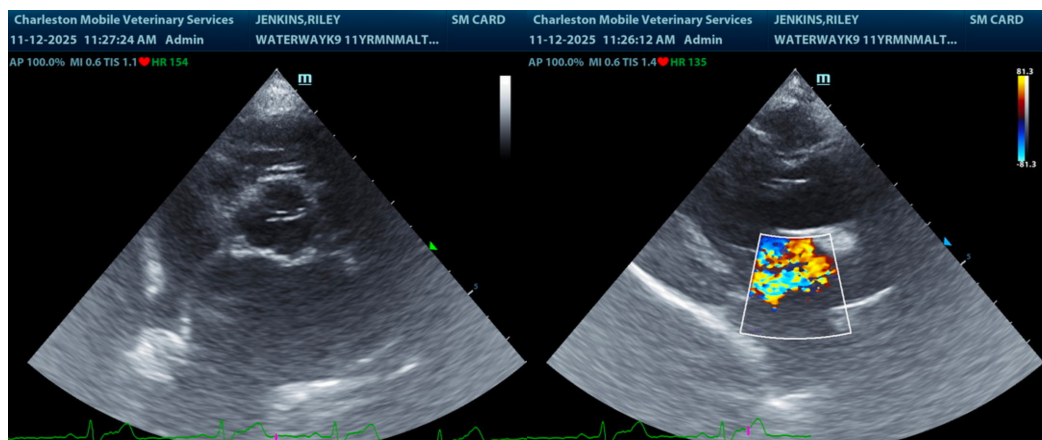
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has degenerative valve disease, ACVIM stage B-2 with moderate left atrial enlargement and mild pulmonary hypertension. The pulmonary hypertension is subclinical, and therapy is not recommended at this time. The current doses of pimobendan and cardalis are appropriate, however, the patient is noted to be on q8 dosing of pimobendan. This is typically reserved for end stages or patient's that are in heart failure. If the patient was recently increased to TID, recommend decreasing back to BID, however, if the patient has been receiving TID for an extended period of time, recommend continuing at that current dose, as a reduction in the pimobendan could cause decompensation of patient's condition. No additional therapies are recommended.

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.

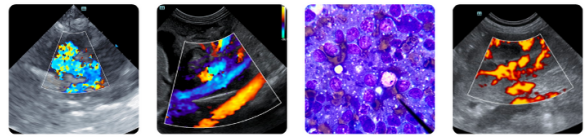
A recheck echocardiogram is recommended in 6-9 months, sooner if clinical signs associated with cardiovascular disease are developing.

The patient is at an increased risk for elective anesthetic procedures due to the severity of the left atrial size. If anesthesia is needed, recommend giving pimobendan the morning of anesthesia, but holding on cardalis the day of anesthesia. 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.



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



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can be of any further assistance please contact me.

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