

PATIENT

Izzy McLaughlin

SPECIES

Canine

BREED

Border Collie

SEX

Spayed Female

AGE

12 Years

WEIGHT

33.2 Pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Andrea Nicastro, DVM,
DACVIM

HOSPITAL NAME

Salt Marsh AH

REFERRING VET

Dr. Samantha
Thompson

INVOICE

35495

DATE

11/13/25

PRESENTING CLINICAL SIGNS

History: New 2/6 murmur; asymptomatic.

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	Underest	~2.0	NM	1.46	37.5	--	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	--	~1.0	~0.8	15.09	3.3	3.2	2.0

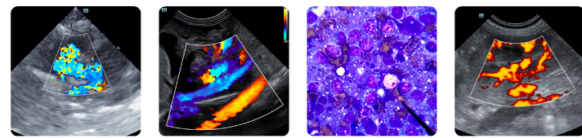
Cardiac Presentation

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 an area of increased soft tissue opacity noted within the anterior left ventricular wall in the region of the cranial papillary muscle. 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 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
- Mild degeneration of the tricuspid valve without evidence of significant pulmonary hypertension
- Increased opacity in the left ventricular wall within the interventricular septum

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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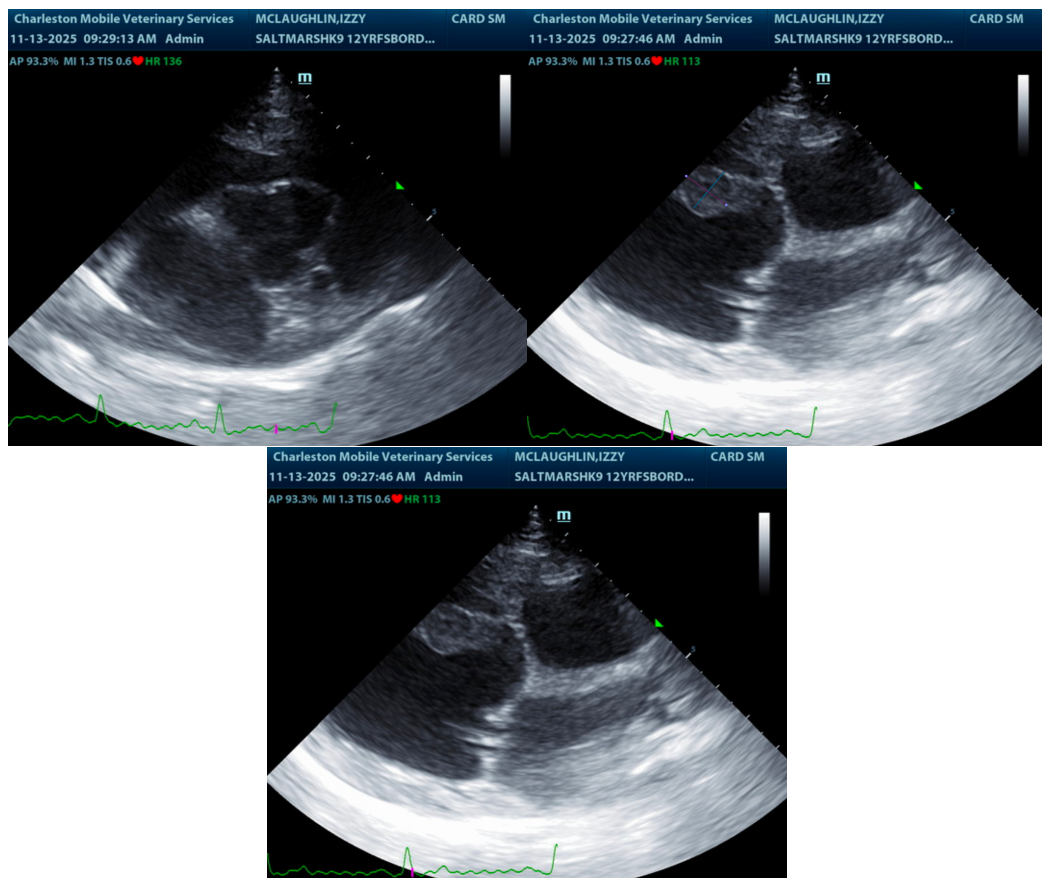
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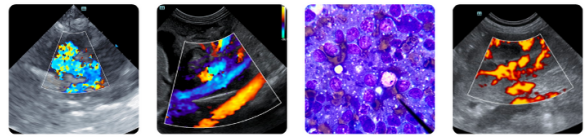
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The patient has degenerative valve disease and is classified as having stage B-1. No medications are recommended. Within the right parasternal long axis images, there is an area of discrete nodular appearance within the interventricular septum. This is only identified on long axis images, and not all images contain this appearance, but there is concern for a possible infiltrative disease, i.e., a neoplastic process. Granuloma or abscess are also possibilities. The significance of this finding is unknown, especially in the absence of clinical signs. However, if this does represent a true mass, further investigation is recommended. Options include referral for a veterinary cardiologist, to reevaluate the heart's structure and obtained additional images of this area to rule out/out artifact or referral for possible CT scan to obtain more information. Alternatively, if referral is not an option, rechecking an echocardiogram in 1-2 months, specifically focusing on the interventricular septum on both long and short axis images to evaluate for additional changes, growth, etc., sooner if the patient is developing cardiovascular clinical signs or any signs of pericardial effusion. Additional diagnostics: recommend ensuring full blood work is normal. Can also consider an abdominal ultrasound to look for evidence of any other disease processes.



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.



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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