

PATIENT

Casey Erickson

SPECIES

Canine

BREED

Bichon Frise

SEX

Neutered Male

AGE

11 Years

WEIGHT

11.1 kg

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Andrea Nicastro, DVM,
 DACVIM

HOSPITAL NAME

Blue Pearl Summerville

REFERRING VET

Dr. Ashley Adam

INVOICE

35593

DATE

11/24/25

PRESENTING CLINICAL SIGNS

History: Presents for urinating/defecating in bed overnight, unable to walk, and vomiting. O states around 6:20am yesterday morning woke up to the smell of feces, woke up and realized Pt had urinated and defecated in the bed overnight, was excessively drooling and was unable to stand on his own. O picked Pt up and placed on the ground and Pt vomited up what O described to look like brown diarrhea, mucoid with foam. Pt fell to his side lateral and was trying to put his head up but couldn't. O did note a head tilt upwards to the right that did improve slightly over the time of getting ready to leave to head here. Drooling has improved as well. Aas acting completely normal night before. E/d normal, no v/d leading up to this.

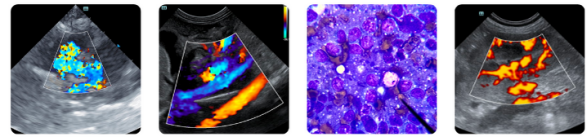
Abnormal PE/Chem/CBC/UA Results: III/VI heart murmur CBC: elevated WBC (17.24), elevated NEU (13.24) CHEM17: elevated ALT (200), elevated CHOL (321), elevated AMYL (1666), elevated LIPA (4418) Chest/abd rad report: Assessment: Mild, diffuse gastroenteropathy. Mild left sided cardiomegaly. Mild-to-moderate diffuse hepatomegaly. The patient's clinical signs are likely related to the described gastroenteropathy for which the differential diagnosis is broad (e.g. infection, immune mediated, less likely neoplasia or dietary indiscretion). Ultrasound could be considered. The results are negative for obstruction. Cardiomegaly might be secondary to sedation or physiologically normal variation, given the heart murmur valvular disease is possible and echocardiography is recommended.

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	~2.0	Overest	1.33	55.57	--	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	--	>2.0	~1.2	11.1	2.7	2.8	1.3

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



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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 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.

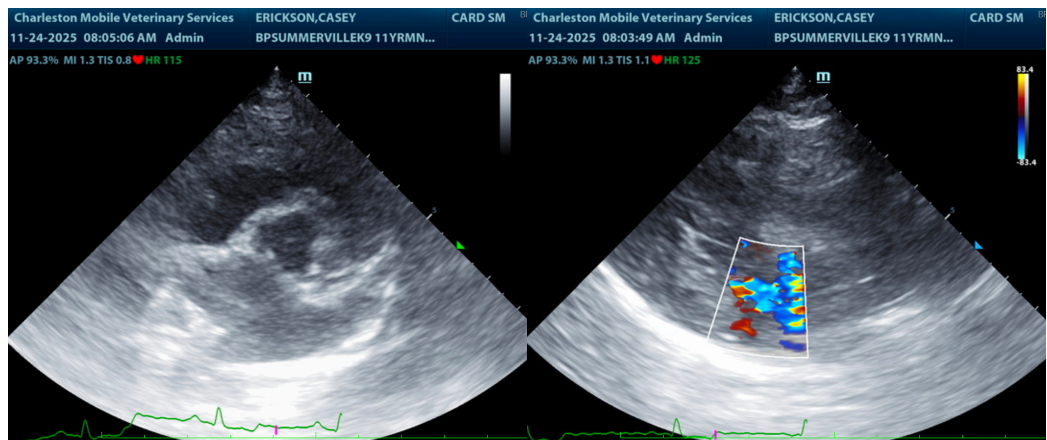
ULTRASONOGRAPHIC FINDINGS

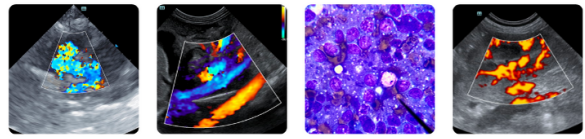
- Degenerative valve disease, ACVIM stage B-1
- No clinically significant pulmonary hypertension
- Elevated blood pressure

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 6 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.

The patient's blood pressure is reported to be elevated. Given the potential neurologic episode described, this maybe a hypertensive crisis. While there is no evidence of left ventricular concentric hypertrophy, recommend further evaluation for any other signs of target organ damage. Given the elevated mitral regurgitant and high/normal aortic output velocities, increased stroke volume secondary to systemic hypertension is possible. Recommend following ACVIM guidelines for systemic hypertension. If there is a high suspicion for a systemic hypertensive crisis, recommend considering emergency care, initiation of amlodipine (at a dose of 0.2 mg/kg twice daily), and close monitoring of the blood pressure.





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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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