

**PATIENT**

Roxie Bauersfeld

**SPECIES**

Canine

**BREED**

Chihuahua X

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

4.1 kg

**PRESENTING CLINICAL SIGNS**

New 2/6 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	--	~3.0	1.3	1.17	44.18	--	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	--	~1.5	~1.0	4.1	2.2	2.15	1.2

**INTERPRETED BY**

Sara Brethel, DVM,  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Andrea Nicastro, DVM,  
DACVIM

**HOSPITAL NAME**

Dunes Veterinary  
Clinic

**REFERRING VET**

Dr. Devin Soileau

**INVOICE**

12111

**DATE**

11/05/25

**Cardiac Presentation**

The mitral valve leaflets are normal with no 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 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**

- Mild degenerative changes to the tricuspid valve.
- Normal mitral valve.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient has mild degenerative changes to the right side of the heart. The left side of the heart does not appear affected at this time. No cardiac therapies are recommended. Since this can be a progressive condition, recommend a recheck in 10-12 months or sooner if the murmur is worsening in intensity or the patient is developing cardiovascular clinical signs. Elective anesthetic procedure should be well tolerated. Standard perioperative fluid rates should be well-tolerated. Medications like



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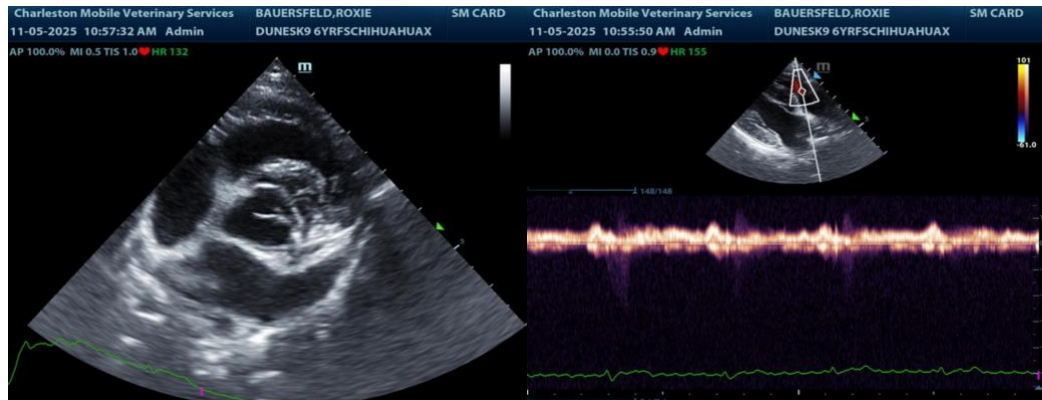
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dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. Anticholinergics can be used in the case of a clinically significant bradyarrhythmia (i.e., bradycardia with concurrent hypotension). If the patient is on an ACEi, recommend not giving this therapy the day of anesthesia. Recommend ensuring the patient is heartworm negative and up to date on heartworm prevention.



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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