

**PATIENT**

Ted Rierson

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Intact Male

**AGE**

7 Years 3 Months

**WEIGHT**

25 pounds

**PRESENTING CLINICAL SIGNS**

P presented for recheck echo. Doing well. on Pimobendan 10mg 1/4 tab PO BID

**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	5.13	2.79	1.41	1.55		49.60	0.16
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	102	1.71	0.8	11.36	4.1	3.77	1.9

**INTERPRETED BY**

Sara Brethel DVM, DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Animal Clinic Madison  
Mayodan

**REFERRING VET**

Dr. McKinlay

**INVOICE**

12106

**DATE**

11/05/25

**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 mildly to moderately increased. Left ventricular internal dimensions are mildly distended with normal systolic function 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**

- Degenerative valve disease, ACVIM stage B2.
- Mild degeneration of the tricuspid valve without evidence of significant pulmonary hypertension.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient continues to have degenerative valve disease, ACVIM stage B2. The previous report is not available for review but, there does appear to be some mild progression in left atrial size. Recommend optimizing the patient's Pimobendan dose. Can consider changing the tablets and giving a total dose of 3.75 mg tab twice daily i.e. 1.5 of the 2.5 mg. Alternatively, you can consider giving 5 mg in the



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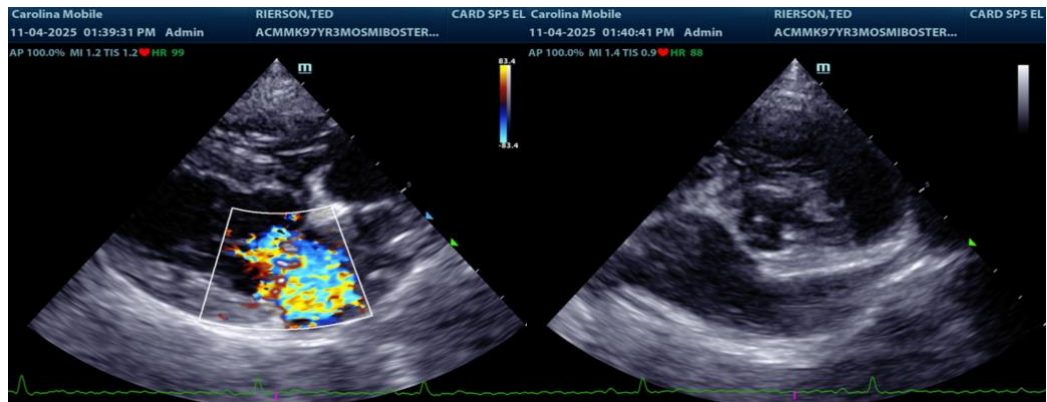
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morning and 2.5 mg in the evening. Recheck echocardiogram is recommended in 6-9 months or sooner if the patient is developing cardiovascular clinical signs. Recommend obtaining a blood pressure on the patient to ensure it is <160mmHg. If the blood pressure is elevated recommend following ACVIM guidelines for systemic hypertension and treating if indicated. 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.



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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