

PATIENT

Beau Novak

SPECIES

Canine

BREED

Cockapoo

SEX

Neutered Male

AGE

5 Years

WEIGHT

17.2

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Burlington
 Emerge/Referral

REFERRING VET

Dr. Hiscox

INVOICE

35410

DATE

11/6/25

PRESENTING CLINICAL SIGNS

History: Presented to the dentistry service on 10/30/2025 for an oral mass. A new heart murmur (Grade I/VI) was noted on exam. Normal sinus rhythm, pulses are strong and synchronous, no pulse deficits detected. History of bradycardia in rDVM records - noted in April 2024 (heart rate of 72-84). Current Medications None.

Abnormal PE/Chem/CBC/UA Results: N/A Primary Question to Be Answered in This Exam Cardiac assessment pre-anesthesia for dentistry procedure.

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	--	1.06	--	47.29	--	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	--	3.17	1.22	17.2	3.26	3.79	2.0

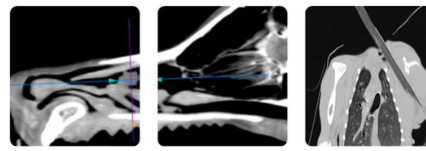
**LA/AO Heart Base measurement is unable to be measured.

ECG Interpretation

Sinus rhythm with a sinus arrhythmia.

Cardiac Presentation

The mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is no prolapse of the mitral valve leaflets. 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 without 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. The aortic corresponding outflow velocities are mildly increased. Pulmonic corresponding outflow velocities are normal. 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.



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ULTRASONOGRAPHIC FINDINGS

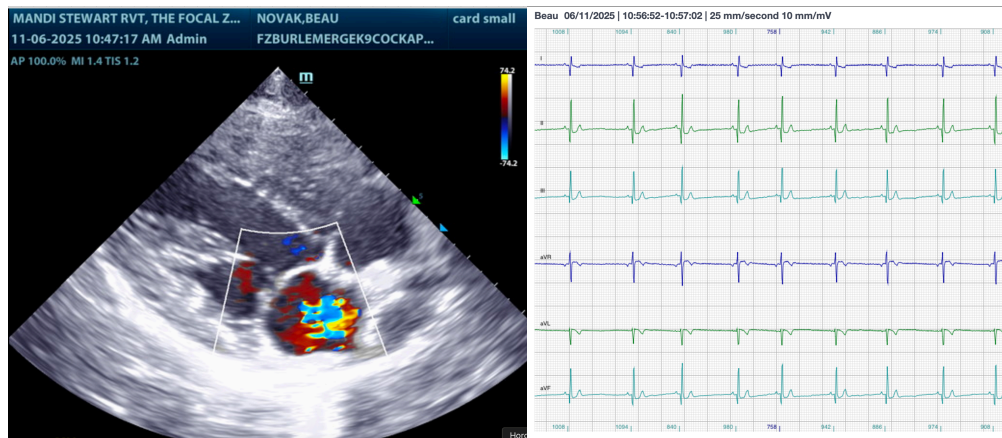
- Degenerative valve disease, ACVIM stage B-1
- Mildly increased aortic outflow velocities

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The murmur is likely due in combination to the mitral regurgitation, but also the mildly increased aortic outflow velocities. This may be a normal variant for the patient, however, a level of aortic versus subaortic stenosis cannot be entirely ruled out, given the speed at which the blood flow is occurring. To be cautious, recommend giving prophylactic antibiotics any time there is suspected bacteremia or prior to elective anesthetic procedures, specifically dental. Antibiotics, such as cephalexin or clavamox should be given 3-5 days before the procedure, during, and postoperatively. The patient does appear to be an adequate candidate for elective anesthetic procedures. Standard perioperative fluid rates should be well-tolerated. Medications like 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.

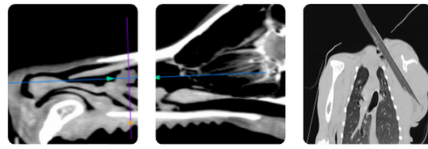
Recommend obtaining a blood pressure on the patient to ensure it is <160mmHg. If the blood pressure is elevated recommend following ACVIM guidelines for systemic hypertension and treating if indicated.

Recheck echocardiogram is recommended in 6-12 months, sooner if the murmur is changing in intensity or the patient is developing cardiovascular clinical signs.



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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