



**PATIENT**

Daisy Cammack

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

54 pounds

**INTERPRETED BY**

Sara Brethel DVM,  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Dr. Jessica Bailes

**HOSPITAL NAME**

All Creatures Great &  
Small Veterinary Clinic-  
Corvallis

**REFERRING VET**

Dr. Jessica Bailes

**INVOICE**

12119

**DATE**

11/06/25

**PRESENTING CLINICAL SIGNS**

Irregular arrhythmia noted on exam. Slowing down on walks, otherwise NSF on PE.

Abnormal PE/Chem/CBC/UA Results: arrhythmia, otherwise NSF on PE BP: 140 systolic today ECG: sinus tachycardia only today; dropped beat noted on previous ECG's. Thoracic rads clear today. No obvious cardiomegaly or pulmonary mets noted.

**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	NM	~2.0	NM	1.49	35.42	--	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	NM	1.65	1.47	24.54	4.0	3.5	2.26

**Cardiac Presentation**

The mitral valve leaflets are mildly thickened with trivial mitral regurgitation eccentrically directed. There is no prolapse of the mitral valve leaflets. The left atrial size is normal. The left ventricular dimensions are normal. Left ventricular systolic function appears preserved in the face of mitral regurgitation. There is normal right atrial size with mild tricuspid regurgitation eccentrically directed. There is no prolapse of tricuspid valve leaflets and no evidence of pulmonary hypertension based upon tricuspid regurgitant velocities. Subjectively, the right ventricle appears normal in structure and function. The aortic and pulmonic valves have normal morphology with normal corresponding outflow velocities. 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 or pericardial effusion. There is evidence of an intracardiac mass at the level of the heart base. The heart base mass measured 2.5 cm x 2.5 cm.

**ULTRASONOGRAPHIC FINDINGS**

- Mild degenerative changes to the mitral and tricuspid valve.
- Normal left atrial and right atrial size.
- Heart base mass.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



## PATIENT

Daisy Cammack

The rhythm throughout the echocardiogram appeared sinus, however, ECG monitoring was not concurrently performed. Given the history of an arrhythmia, a holter monitor is recommended for this patient, especially with the history of slowing down and the breed.

## SPECIES

Canine

There are mild degenerative changes to the mitral and tricuspid valve, however, the chambers do not appear enlarged. There is evidence of a heart base mass. The most common mass for this location in the patient's breed is a chemodectoma. This is likely an incidental finding and not contributing to the patient's clinical signs. You can consider additional diagnostics such as an abdominal ultrasound to look for any other masses or tumors.

## BREED

Boxer

Recommend ensuring blood work is within normal limits. Additionally, heart based masses can release catecholamines and worsen arrhythmias, even more reason a holter monitor is indicated for this patient. Pending holter monitor results, a recheck echocardiogram is recommended in 6 months or sooner if a heart murmur develops or the patient is developing other cardiovascular clinical signs.

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## REFERRING VET

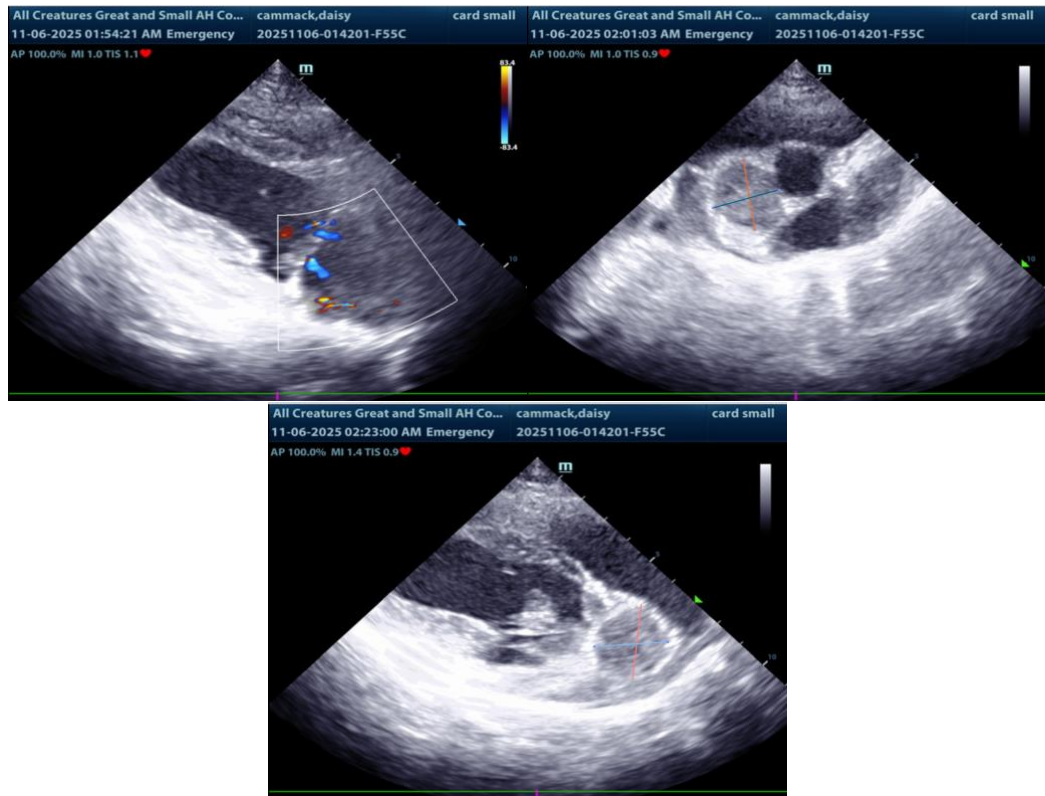
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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[info@SonoPath.com](mailto:info@SonoPath.com)

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