



PATIENT

Button Beeg

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

9 Years

WEIGHT

13.37 Pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Creekside VC

REFERRING VET

Dr. Matteson

INVOICE

36842

DATE

12/10/25

PRESENTING CLINICAL SIGNS

History: Concern for worsening/SRR. O noticed at home an increase in respiration after switching to steroid course, sent video to EGB, who counted 35 bpm, repeated and got 34 bpm. Newly diagnosed 2/6 murmur 1 week ago. During video P was fully asleep. P is getting methocarbamol, prednisone, gabapentin, and got trazodone 2.5 hours prior to dropping off. Medication seems to help for only ~6 hours and then she is hunched over, can barely get up single step to go to the backyard to go potty. Seemed to respond better to Carprofen, prior to switching to steroid. -- Exam: Generally BAR. CRT <2, MM Pink, moist. Vitals WNL; Stiff gait with hunched back; Improved use of LF compared to recent notes - using mostly regularly, will occasionally hold up at rest, non-painful with head/neck manipulation. Decreased proprioception in cd end bilaterally. Ataxia when turning. Grade 2-3/6 murmur. No respiratory crackles, possibly mildly increased lung sounds bilaterally. ABNORMAL Labwork Values ALP 1.166 Eosinophils 0.012 Monocytes 1.234

Abnormal PE/Chem/CBC/UA Results: For ECHO Only: Blood Pressure N/A HR/RR/BP: 130 HR, 50 RR Is there a Heart Murmur? If so, please grade. 2-3/6 L Systolic murmur Current Medications Carprofen 25mg- 1/2 tab PO BID, Gabapentin 100mg- 1 cap PO TID-BID, Trazodone 100mg- 1/2 tab (given PRN prior to appointments/grooming), Oravet chews, Tricox chews, Pimobendan, Bupranex, Enrofloxacin, Clavamox, Prednisone, Methocarbamol. Radiographic Findings 2 view thoracic radiographs - Cardiomegaly (VHS 12) w/ notably enlarged L atrium. No obvious interstitial pattern. Hepatomegaly. Increased opacity in cranial abdomen, notably in retroperitoneal cavity. R/o mass effect, infectious, other. Single stifle visible in radiograph (side unmarked) with possible irregular bony margin on cr aspect distal femur.

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 | Overest | -- | NM | 1.88 | 67.98 | -- | 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 | -- | 1.07 | 1.26 | 6.07 | 3.1 | 3.28 | 1.05 |



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Cardiac Presentation

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The mitral valve leaflets are moderately thickened with moderate mitral regurgitation posteriorly directed. There is moderate prolapse of the mitral valve leaflets. The left atrial size is moderately increased. Left ventricular internal dimensions during diastole are increased 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 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-2 (mitral)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has degenerative valve disease with moderate left atrial enlargement. Recommend ensuring the patient is receiving 0.27-0.32 mg/kg Vetmedin therapy. With the change in breathing rates, given the absence of cardiogenic pulmonary edema reported on the chest radiographs, there is concern for underlying pain and discomfort. The rest of the reported clinical signs do not appear to be cardiac in nature.

The patient is at an increased risk for elective anesthetic procedures, however, as long as the patient is on Vetmedin, and anesthesia is needed, the patient can undergo anesthesia. Judicious perioperative fluids are recommended due to the increased left atrial size. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. If needed, anticholinergics can be used in the face 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.

The client should continue to monitor breathing rates at home. 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.

Recommend ensuring the patient is normotensive. 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 4-6 months, sooner if the patient is decompensating.



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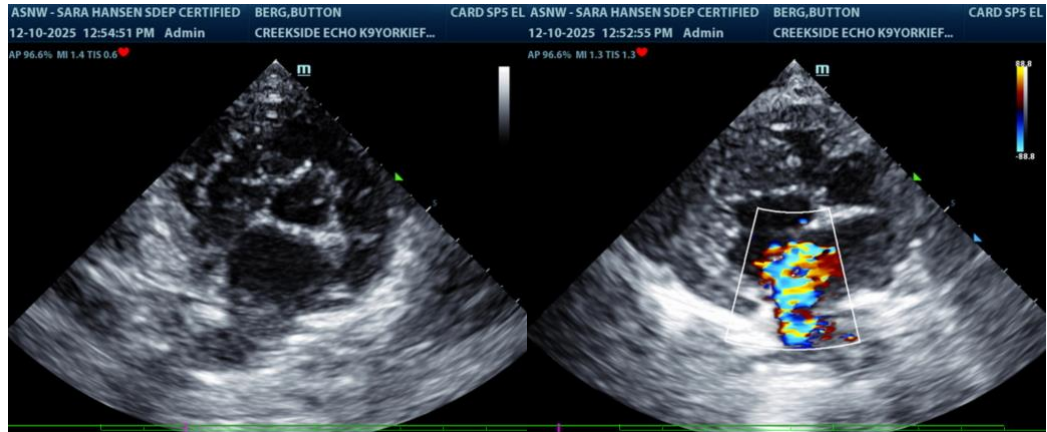
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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