



PATIENT

Winston Galvin

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

11 Years

WEIGHT

8.46 Pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Albany AH

REFERRING VET

Dr. Hunt

INVOICE

36841

DATE

12/10/25

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: Came in for vaccine boosters and noted a grade 5 murmur not there previously. ABNORMAL Labwork Values N/A For ECHO Only: Blood Pressure 162, 160, 160 HR/RR/BP: 140 HR panting, Is there a Heart Murmur? If so, please grade. Yes Grade 5 Current Medications Vetmedin, Enalapril, Cerenia.

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	7.85	--	1.15	1.42	34.16	--	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	--	1.78	1.14	3.84	2.48	2.4	1.5

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 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-1 (based on measurements, however, patient is reported to be on Vetmedin therapy).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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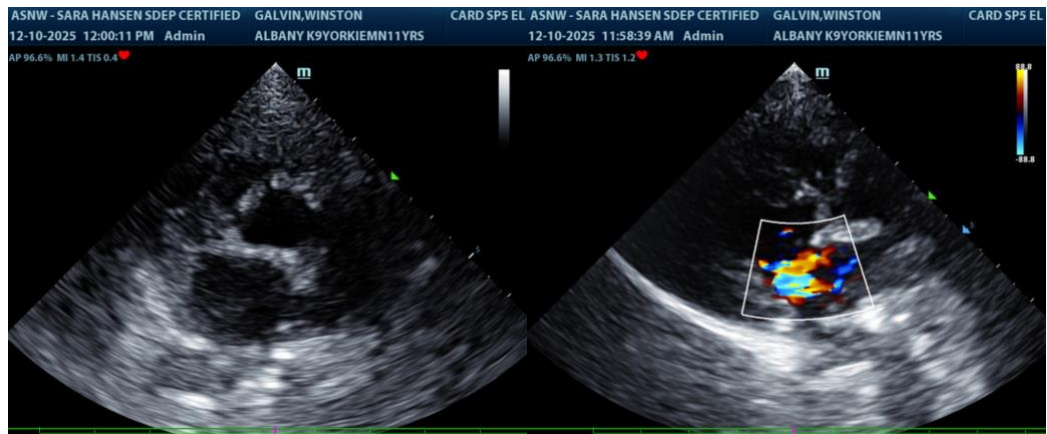
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The patient's heart measures within normal limits, however, the patient is on Vetmedin therapy. If there was previously mild enlargement, Vetmedin can sometimes reduce the cardiac dimensions to within normal limits. If the patient has been receiving this therapy for years, can continue. Mitral regurgitant velocities are a little bit increased, however, the reported blood pressures are high/normal. Recommend serial monitoring of those blood pressures, as the patient is in a hypertensive range. The cause for the increase in murmur, it's possible that an eccentric jet is hitting the wall in a certain way, causing the grade 5/6 murmur. However, no additional cardiac therapies are recommended at this time. A recheck echocardiogram is recommended in 10-12 months, sooner if the patient is developing cardiovascular clinical signs.

If needed, the patient can undergo general anesthesia. 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.



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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