

PATIENT PRESENTING CLINICAL SIGNS

Jethro Moran Clinical Exam Findings: Heart murmur chronic grade 3-4/6 PMI L side
 Abnormal lab-work values: N/A
SPECIES Blood Pressure: To be performed
 Heart Murmur: Grade 3-4/6
 Canine Current Medications furosemide, pimobendan, benazepril
 Abnormal PE/Chem/CBC/UA Results: BP 203/108 (144) 191/115 (148) 140/107 (137) (223/1060 (145)
BREED 239/159 (181) + 211/105(140)

CKC Spaniel **ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

SEX	CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
Intact Male								
AGE	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
10	PATIENT	6.47	3.14	2.26	2.1	42.42	--	NM
WEIGHT	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)
16.5								
INTERPRETED BY	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
Sara Brethel, DVM DACVIM	PATIENT	--	1.23	0.87	7.5	4.26	3.3	1.9

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Ark Animal Hospital

REFERRING VET

Dr Mitchell

INVOICE

22250

DATE

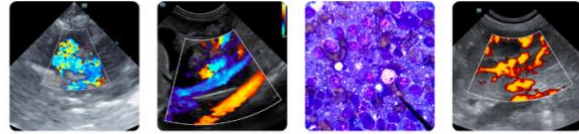
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Cardiac Presentation

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 severely 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 with mild tricuspid regurgitation. There is billowing of the tricuspid valve leaflets and mild 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
- Severe left atrial enlargement
- Mild degeneration of the tricuspid valve
- No clinically significant pulmonary hypertension



PATIENT INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Jethro Moran The patient has degenerative valve disease. With the reported medications, and the patient being on furosemide, then the patient has likely had an episode of congestive heart failure. If there has been a history of abnormal breathing, respiratory distress, etc., recommend ensuring the patient is on at least 0.27-0.32 mg/kg Q12 of pimobendan. Since the patient is on furosemide and benazepril, bloodwork every 4-6 months is recommended to monitor kidney values and electrolytes. Can add in spironolactone for aldosterone antagonism (2 mg/kg once daily). Recommend ensuring the patient is normotensive, and that no afterload reduction is needed.

SPECIES Canine

BREED CKC Spaniel

SEX Intact Male

AGE 10

The reported blood pressures are elevated. Recommend rechecking in another 2-3 weeks. If the blood pressures remain increased, recommend following ACVIM guidelines for systemic hypertension.

The client should start monitoring respiratory rate and effort at home if not already doing so. The resting respiratory rate should be < 35-40 breaths/minute when the patient is resting or sleeping. If the breathing rates are increasing, then chest radiographs are recommended.

A recheck echocardiogram is recommended in another 4-6 to monitor for any other changes, sooner if the patient is developing cardiovascular clinical signs or if clinically decompensating.

WEIGHT
16.5

INTERPRETED BY
Sara Brethel, DVM
DACVIM

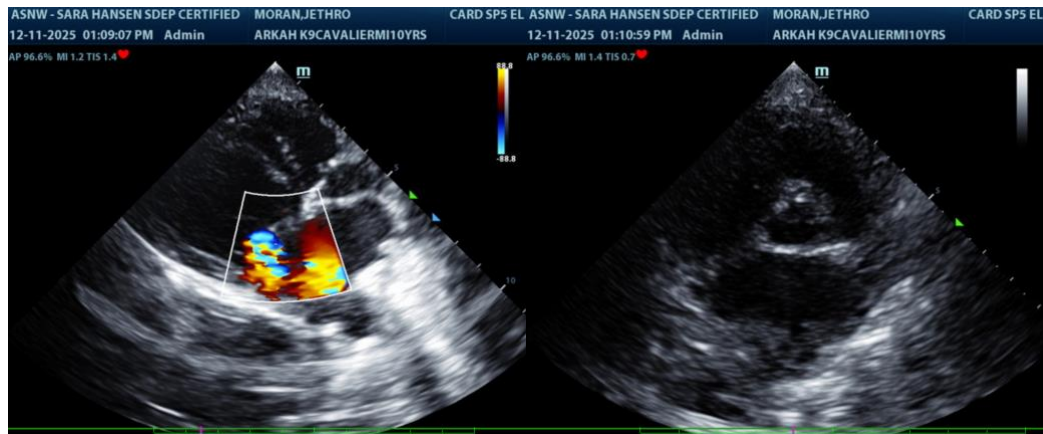
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DATE
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible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