



PATIENT

Juby Yoon

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

15 Years

WEIGHT

6.1 Pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Animal General on the
Hudson

REFERRING VET

Dr. Lang

INVOICE

35899

DATE

12/15/25

PRESENTING CLINICAL SIGNS

History: Recheck echo. O planning to travel to Korea and would like to bring pt on 14 hour flight in cabin. O reports dry cough but no syncopal episodes or exercise intolerance.

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	~5.0		NM	0.9	50	--	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	--	0.72	0.72	2.77	--	1.4	0.7

IVSd: 0.85, LVPWD: 0.83

Cardiac Presentation

The mitral valve leaflets are mildly to moderately thickened with mild mitral regurgitation, eccentrically directed. The left atrial size remains normal. Left ventricular dimensions suggest underloading and left ventricular systolic function remains preserved. Left ventricular walls measure concentrically hypertrophied and are progressive since the previous exam performed. There remains normal right atrial size. The previous tricuspid regurgitation is not seen. There is no prolapse of tricuspid valve leaflets and no evidence of pulmonary hypertension. Subjectively, the right ventricle appears normal in structure and function. Aortic and pulmonic valves have normal morphology and there is no evidence of pulmonic insufficiency. There remains mild aortic insufficiency. The aorta remains enlarged. 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
- Left ventricular underloading
- Aortic insufficiency
- Enlarged aortic root
- Left ventricular concentric hypertrophy



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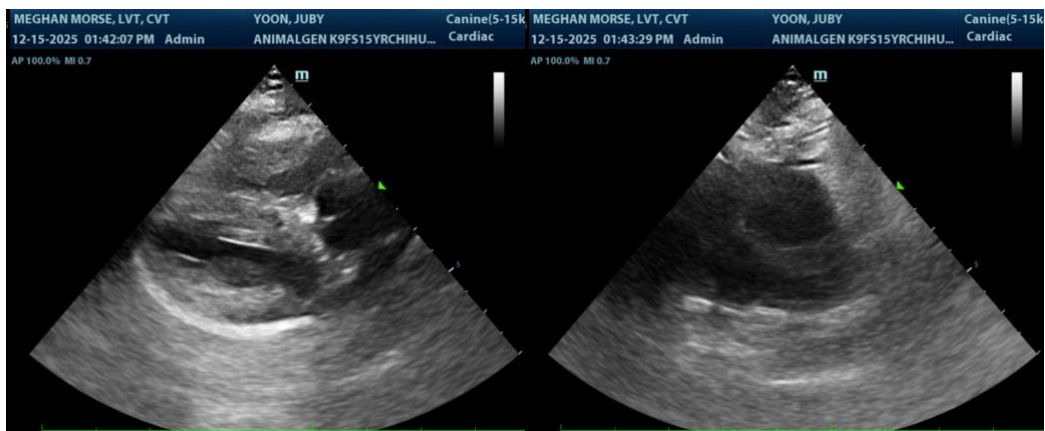
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient continues to have degenerative valve disease, ACVIM stage B-1. There has been no significant progression of the degenerative valve disease when compared to the previous echo. However, there has been progressive concentric hypertrophy of the left ventricle. It is not noted what the patient's previous blood pressures have been, however, there is a concern for target organ damage and underlying systemic hypertension. Recommend obtaining a blood pressure, and if the blood pressure is elevated, recommend following ACVIM guidelines for systemic hypertension. Pimobendan therapy is not indicated at this time.

Additional diagnostics to consider to workup the systemic hypertension include full blood work and considering an abdominal ultrasound. A recheck echo is recommended 3-4 months after an underlying cause for the concentric hypertrophy has been identified. Can also consider ensuring the patient is euthyroid. Hyperthyroidism is rare in dogs, but can also cause concentric hypertrophy.

As far as safe for travel, as long as the patient is normotensive, euthyroid, and asymptomatic, there does not appear to be a clinical reason why the patient cannot fly. Given the presence of an underlying heart condition, I recommend the patient be in the cabin, rather than in cargo. This way the client can continue to monitor and the cabin is pressurized.



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)

info@SonoPath.com