



PATIENT

Josie Menaker

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

11 Years

WEIGHT

85.5 Pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Edgewood AC

REFERRING VET

Dr. Callahan

INVOICE

35931

DATE

12/16/25

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: DENTAL CALCULI ARTHRITIS DERMAL MASSES ABNORMAL Labwork Values CBC/ CHEM/ T4/ UA WNL ECG-SUPERVENTRICULAR ARRHYTHMIA For ECHO Only: Blood Pressure 183 HR/RR/BP: 130/ PANT/ 183 Is there a Heart Murmur? If so, please grade. NO Current Medications CARPROFEN, AMANTADINE, THYROTABS Radiographic Findings NONE Notes to Specialist (if any) PRE ANES WORK UP.

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	7.8		1.35	1.43	41.85	--	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	--	~2.5	1.57	38.86	4.5	4.9	2.8

RAD: 3.19

Cardiac Presentation

The mitral valve leaflets appear normal and there is trivial mitral regurgitation. There is no prolapse of the mitral valve leaflets. The left atrial size is normal. Left ventricular systolic and diastolic function is within normal limits. There is normal right atrial size without evidence of tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension on today's evaluation. 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. There is an arrhythmia present.

ULTRASONOGRAPHIC FINDINGS

- Trivial mitral regurgitation
- Arrhythmia present, reported supraventricular arrhythmia (ECG not available for review)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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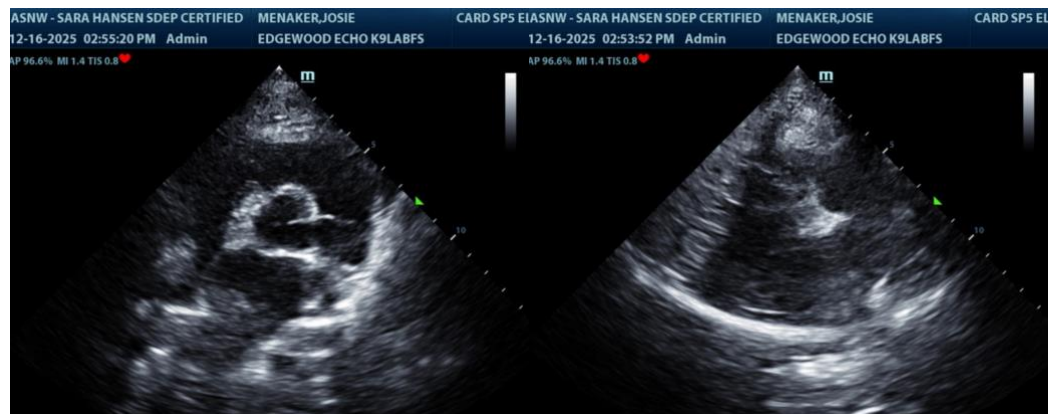
12/16/25

There is mild mitral regurgitation. This may represent some early mild degenerative valve disease; however, the mitral valve leaflets do not appear significantly thickened. There is an arrhythmia present. Recommend further evaluation and considering a Holter monitor to determine if additional medications are needed.

It's difficult to provide anesthesia recommendations without knowing the significance of the arrhythmia; however, if the patient is asymptomatic and the heart rate is not significantly elevated, can consider 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. Recommend continuous ECG monitoring during anesthesia.

The blood pressure is also reported to be elevated, and it's recommended to ensure this value does not represent systemic hypertension. Recommend following ACVIM guidelines for systemic hypertension and treating if indicated with either ace inhibitors, amlodipine, or a combination of the two therapies.

Recheck echo in 6 months. A Holter monitor is recommended for this patient.



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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