



PATIENT

Mika Perkins

SPECIES

Canine

BREED

German Shepherd X

SEX

Spayed Female

AGE

13 Years

WEIGHT

44.1 Pounds

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Loeb

INVOICE

35934

DATE

12/16/25

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: - Ruptured and ulcerated cutaneous mass - r/o benign vs malignant - New cardiac murmur (Grade II/VI) with arrhythmia - Multiple cutaneous/subcutaneous masses - Degenerative Joint Disease (Arthritis) - moderate in severity - Geriatric patient. ABNORMAL Labwork Values Globulin 3.9 (RI 1.6-3.6) ALK PHOS 1218 (RI 5-131) Triglyceride 312 (RI 29-291) PSL 168 (RI 168) For ECHO Only: Blood Pressure Not obtained yet HR/RR/BP: HR 150, RR WNL, BP not obtained yet Is there a Heart Murmur? If so, please grade. 2/6 Current Medications n/a.

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	--	--	0.92	1.04	45.2	--	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	1.71	20.04	--	3.65	2.0

ECG Presentation

Normal sinus rhythm.

Cardiac Presentation

The mitral valve leaflets are normal and there is no 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; pulmonic corresponding outflow velocities are normal. Aortic corresponding outflow velocities are mildly increased. 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.



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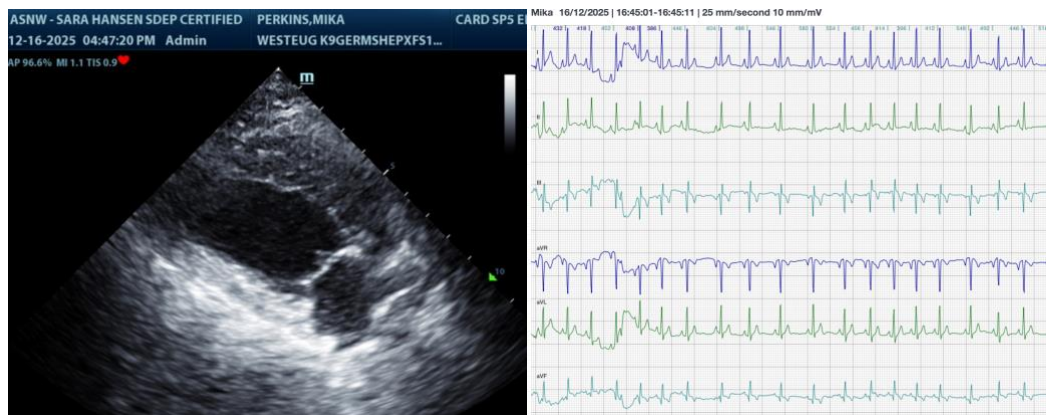
ULTRASONOGRAPHIC FINDINGS

- Mildly increased aortic outflow velocities.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The aortic velocities are mildly increased. This is likely the source of the murmur. The rest of the heart is structurally normal. Given the patient's age, this may be secondary to an increased output state, or even pain and discomfort. The reported arrhythmia is not identified on the ECG provided. If a persistent arrhythmia is identified on auscultation, can consider a Holter monitor assessment. A recheck echo is recommended in 6-9 months, sooner if the patient is not doing well. No cardiac medications are recommended at this time.

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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