



PATIENT

Ralphie Beeching

SPECIES

Canine

BREED

Chihuahua X

SEX

Neutered Male

AGE

12 Years

WEIGHT

11 Pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Sundholm

INVOICE

35936

DATE

12/16/25

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: Grade 2/6 heart murmur detected incidentally on annual exam. Has not been heard at this clinic over several years. O reports that a heart murmur was noted when he was at a shelter almost 10 years ago. P has severe dental disease and an oral gingival mass. O also notes a harsh cough with activity. ABNORMAL Labwork Values None performed For ECHO Only: Blood Pressure pending HR/RR/BP: 130/30 Is there a Heart Murmur? If so, please grade. 2/6 Current Medications none Notes to Specialist (if any) Evaluate anesthetic risk pending dental/oral biopsy.

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	6.46	3.55	0.95	1.3	55.42	--	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	--	1.5	1.37	5.0	2.63	2.4	1.07

Cardiac Presentation

The mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is no prolapse of the mitral valve leaflet. 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 with mild tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and mild to moderate 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 (mitral)
- Mild degeneration of the tricuspid valve with mild to moderate pulmonary hypertension



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has degenerative valve disease ACVIM stage B1 and no cardiac medications are indicated at this time, but there is mild to moderate pulmonary hypertension. This may be progressive, and therapies may be needed in the future. Since this can be a progressive condition, serial monitoring is recommended. A recheck echocardiogram is recommended in 6 months. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmur is worsening in intensity. Overall, the patient does appear to be a stable anesthetic candidate. 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. With the history of coughing, recommend ensuring the patient is heartworm negative and chest radiographs are recommended to evaluate for any other cause of the patient's cough.



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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