

PATIENT

Sadie Reddy

SPECIES

Canine

BREED

Chihuahua

SEX

Intact Female

AGE

10 Years

WEIGHT

5.3 kg

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Holiday VH

REFERRING VET

Dr. Minardi

INVOICE

35947

DATE

12/17/25

PRESENTING CLINICAL SIGNS

History: Limited history - rescued from a puppy mill. Breeding dog. Severe generalized dental disease - COHAT recommended if possible Gr. 4-5/6 systolic heart murmur is audible on both the left and right sides of the chest. An irregularly irregular arrhythmia is also present. Strong synchronous pulses. Current Medications None.

Abnormal PE/Chem/CBC/UA Results: ECG attached Primary Question to Be Answered in This Exam Diagnosis/prognosis What medications would you recommend, if indicated? Is anesthetic possible with this patient?

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

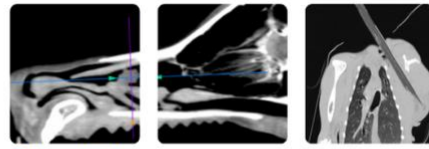
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	6.21	--	2.17	1.91	48.92	--	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA 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	126	1.22	0.8	5.3	3.8	2.8	1.43

ECG Interpretation

Sinus rhythm with a sinus arrhythmia and occasional isolated atrial premature complexes.

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 dimensions are normal but meet epic criteria. There is normal right atrial size with mild tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no 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 evidence of mild aortic insufficiency. There is no pulmonic insufficiency. The aorta appears normal. The pulmonary artery and



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associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

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ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease, ACVIM stage B-2
- Severe left atrial enlargement
- Mild degeneration of the tricuspid valve without evidence of pulmonary hypertension
- Aortic insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has degenerative valve disease ACVIM stage B2 and pimobendan therapy at 0.27-0.32mg/kg PO q12 is recommended. This will be a lifelong therapy. A recheck echocardiogram is recommended in 4-6 months to monitor the condition since starting pimobendan. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmur is worsening in intensity. The client should start monitoring respiratory rate and effort at home if not already doing so. The resting respiratory rate should be < 35-40 breathes/minute when the patient is resting or sleeping. If the breathing rates are increasing, then chest radiographs are recommended.

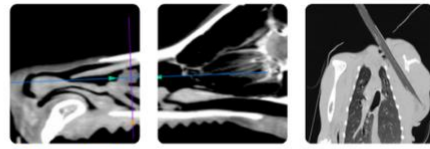
Recommend obtaining a blood pressure on the patient to ensure it is <160mmHg. If the blood pressure is elevated recommend following ACVIM guidelines for systemic hypertension and treating if indicated.

The patient has severe left atrial enlargement and is considered an increased risk for elective anesthetic procedures, however, to minimize this risk, the patient can be on pimobendan for at least 1-3 weeks prior to procedures. Judicious perioperative fluids are recommended due to the increased left atrial size. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. If needed, anticholinergics can be used in the face 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 client should start monitoring respiratory rate and effort at home if not already doing so. The resting respiratory rate should be < 35-40 breathes/minute when the patient is resting or sleeping. If the breathing rates are increasing, then chest radiographs are recommended.

If there is any concern with breathing rates, chest radiographs are recommended.

After starting the pimobendan, recommend rechecking an ECG in 1-2 months if occasional atrial premature complexes persist. A Holter monitor would be recommended at that time.



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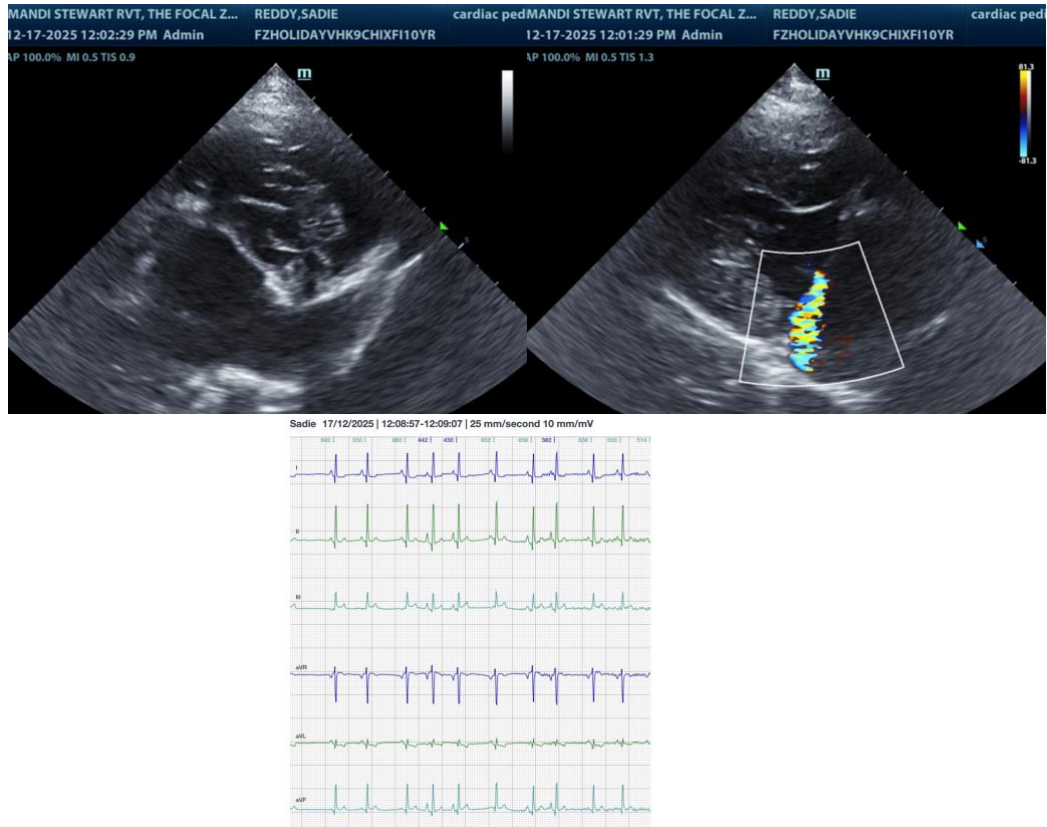
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sara Brethel DVM, DACVIM (Cardiology)

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