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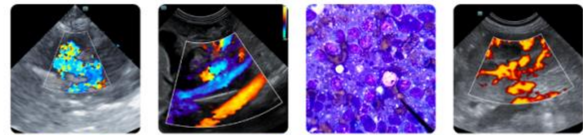

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Rose Bautista

SPECIES

Canine

BREED

Poodle Mix

SEX

Spayed Female

AGE

7 Years

WEIGHT

33 Pounds

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Echo Hollow VH

REFERRING VET

Dr. Srch-Thaden

INVOICE

35028

DATE

12/22/25

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: • Degenerative valve disease, ACVIM stage B-1 • Mild degeneration of the tricuspid valve without evidence of pulmonary hypertension. A recheck echocardiogram is recommended in 6 months ABNORMAL Labwork Values 6 months ago HCT 63% WNL Mild hypoalbuminemia 2.2 g/dL T4 2.5 ug/dL Na:K 33 For ECHO Only: Blood Pressure none HR/RR/BP: 33.00/101.80/160 Is there a Heart Murmur? If so, please grade. Heart murmur grade 4-5/6 left side Current Medications Nexgard and heartgard Radiographic Findings Nothing recent.

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	5.92	--	NM	1.12	40.12	--	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	--	1.48	0.82	15	3.89	3.34	2.0

Blood pressure assessment: Elevated blood pressure. Aortic root: 2.4 cm

ECG Interpretation

Normal sinus rhythm

Cardiac Presentation

The mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is no prolapse of the mitral valve leaflets. The left atrial size is mildly increased on long axis assessment. 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 without 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 no evidence of pulmonic or aortic insufficiency. The aorta is dilated on both long and short axis images. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

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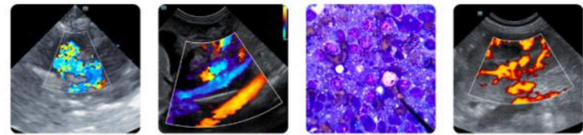

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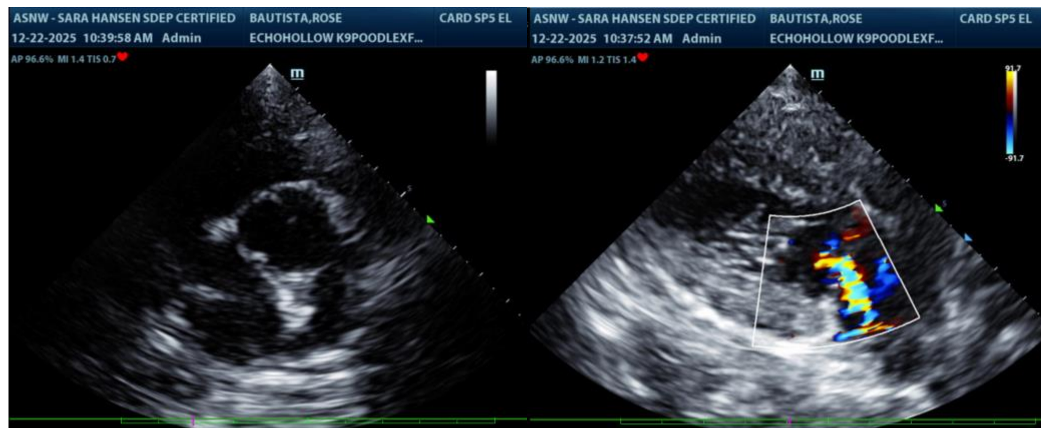
ULTRASONOGRAPHIC FINDINGS

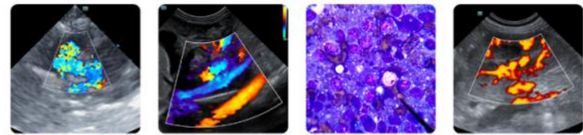
- Mild left atrial enlargement on long axis assessment
- Dilated aorta
- Elevated blood pressure

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has degenerative valve disease, but there does appear to be mild left atrial enlargement on long axis images. I think that the LA/AO is skewed, due to the large aortic root for the patient's size, which could be secondary to the underlying elevated blood pressures. With that in mind, I recommend starting hypertensive therapy with amlodipine at a dose of 0.1 – 0.2 mg/kg once to twice daily, then rechecking in another 2-3 weeks. I recommend following ACVIM guidelines for systemic hypertension and using that as a rubric to manage the patient and also investigating into an underlying cause for the patient's systemic hypertension. With the mild left atrial enlargement noted on long axis and the elevated blood pressure, I do also recommend starting pimobendan at a dose of 0.27 – 0.32 mg/kg twice daily. This will be a lifelong medication. Recheck echo in another 6 months to monitor the patient's changes, sooner if the patient is decompensating or developing cardiovascular clinical signs.

If anesthesia is needed, the patient is an adequate anesthetic candidate, however, recommend ensuring the blood pressure is controlled prior to elective anesthetic 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.





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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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