



**PATIENT**

Mia Proctor

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

Spayed Female

**AGE**

14 Years 4 Months

**WEIGHT**

7.3 Pounds

**INTERPRETED BY**

Sara Brethel DVM,  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Animal Hospital of  
 Lake Brandt

**REFERRING VET**

Dr. Smith

**INVOICE**

35062

**DATE**

12/23/25

**PRESENTING CLINICAL SIGNS**

History: Developing possible Syncopal episodes New Heart Murmur appreciated at last exam post development of "episodes" ProBNP 3200.

**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)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
<b>PATIENT</b>	6.29	3.34	1.41	1.92	51.43	--	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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	--	0.84	0.68	3.31	--	2.8	1.36

IVSd: 1.0

**Cardiac Presentation**

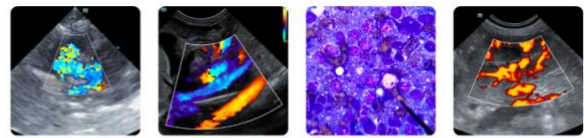
The mitral valve leaflets are moderately thickened with moderate mitral regurgitation posteriorly directed. There is moderate prolapse of the mitral valve leaflets. The left atrial size is moderately increased. Left ventricular internal dimensions during diastole are increased and systolic function is 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 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**

- Elevated blood pressure

**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



**PATIENT**

Mia Proctor

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

Spayed Female

**AGE**

14 Years 4 Months

**WEIGHT**

7.3 Pounds

**INTERPRETED BY**

Sara Brethel DVM,  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Animal Hospital of  
 Lake Brandt

**REFERRING VET**

Dr. Smith

**INVOICE**

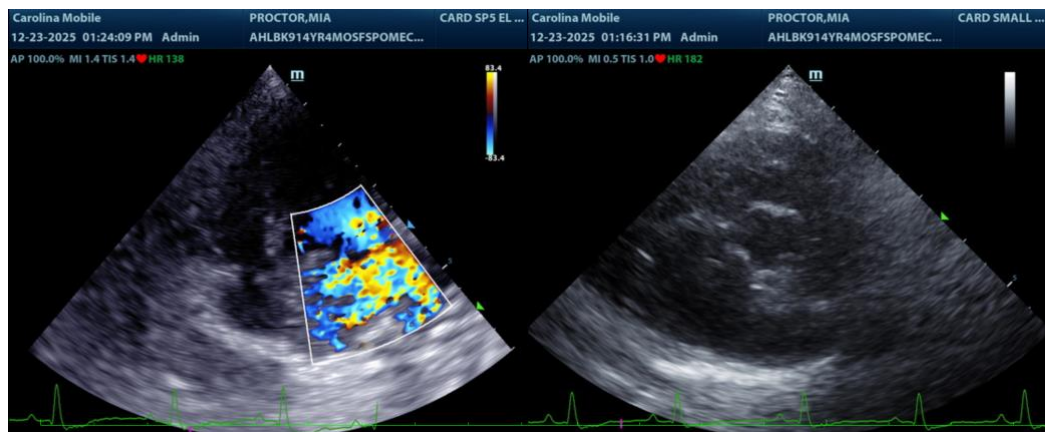
35062

**DATE**

12/23/25

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.

The patient's blood pressure is also increased while the patient is reported to be stressed and anxious. Recommend considering antianxiety therapy to help and reassessing the blood pressure, as a hypertensive crisis can also cause collapse episodes. If the clients aren't already doing so, recommend they start monitoring breathing rates. Recommend obtaining chest radiographs to ensure there is no evidence of early congestive heart failure. If the patient is clinically doing well, and the collapse episodes stop, after starting pimobendan, recheck echo in 6 months. If collapse episodes persist, recommend additional diagnostics, such as a Holter monitor and possible abdominal ultrasound.



**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)

[info@SonoPath.com](mailto:info@SonoPath.com)