

PATIENT

Morgan Crouse

SPECIES

Canine

BREED

Boxer

SEX

Intact Female

AGE

17 Months

WEIGHT

56 Pounds

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Andrea Nicastro, DVM,
 DACVIM

HOSPITAL NAME

Animal Hospital of
 South Carolina

REFERRING VET

Dr. Matthew Stone

INVOICE

35061

DATE

12/23/25

PRESENTING CLINICAL SIGNS

History: 1-2/6 murmur Needs to be spayed

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	--	~2.5	NM	1.38	26.7	--	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	~1.0	25.45	4.09	3.67	2.69

Cardiac Presentation

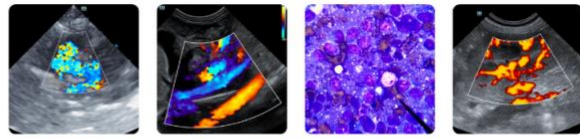
The mitral valve leaflets are normal and there is no mitral regurgitation. There is no prolapse of the mitral valve leaflets. The left atrial size is normal. Left ventricular systolic and diastolic function is within normal limits. There is normal right atrial size without evidence of trivial tricuspid 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 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

- Trivial tricuspid regurgitation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has trivial tricuspid regurgitation. Otherwise, the heart structurally appears within normal limits. This is likely an innocent versus physiologic finding due to the patient's breed. Recommend more frequent monitoring, as the patient is at a high risk for developing conditions such as arrhythmogenic cardiomyopathy. I would recommend a recheck echo in one year, sooner if the



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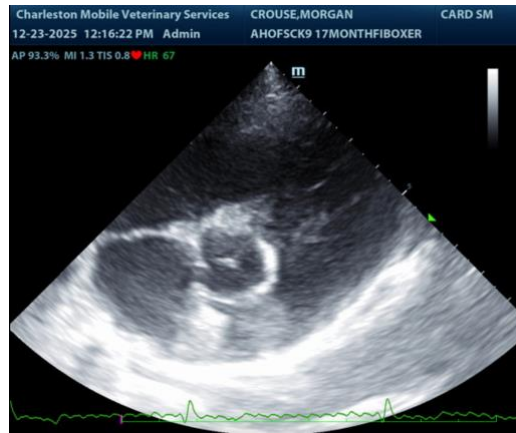
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murmur is changing or the patient is developing any cardiovascular clinical signs. Elective anesthetic procedures should be well tolerated. Standard perioperative fluid rates should be well-tolerated. Medications like dexmedetomidine and other alpha 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.



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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.

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