



## PATIENT

Peyton Allebach

## SPECIES

Canine

## BREED

Retriever Mix

## SEX

Spayed Female

## AGE

9 Years 11 Months

## WEIGHT

28.6 Pounds

## INTERPRETED BY

Sara Brethel, DVM,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Dr. Kristen Carpenter

## HOSPITAL NAME

Pennridge AH

## REFERRING VET

Dr. Beth Mehaffey

## INVOICE

35071

## DATE

12/23/25

## PRESENTING CLINICAL SIGNS

History: Patient was not sedated. Patient had a progressively worsening cough over the last month non-responsive to hydrocodone and a course of doxycycline. Patient has a hx of Grd III L systolic and Grd II R systolic murmur. Patient presented with increased RR/RE on 12/20/25. Rads were consistent with perihilar edema and CHF. Patient was given IV furosemide and started on oral Furosemide 10 mg PO TID for 5 days, then plan to reduce down to 10 mg PO BID and Vetmedin 2.5 mg PO BID. Full b/w NSF, creat 0.8. CBC - mild leukocytosis characterized by a mild neutrophilia. Blood Pressure: 130 mm HG systolic. Patient clinically is much improved since starting cardiac meds and RR was normal on exam today.

## 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	4.25	2.76	1.65	2.31	55	--	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	--	1.43	0.93	13	5.4	4.0	1.8

\*\*The chest radiographs are not seen in the images provided.

## 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 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 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 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 C



## PATIENT

- Mild tricuspid regurgitation without evidence of significant pulmonary hypertension

Peyton Allebach

## SPECIES

Canine

## BREED

Retriever Mix

## SEX

Spayed Female

## AGE

9 Years 11 Months

## WEIGHT

28.6 Pounds

## INTERPRETED BY

Sara Brethel, DVM,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Dr. Kristen Carpenter

## HOSPITAL NAME

Pennridge AH

## REFERRING VET

Dr. Beth Mehaffey

## INVOICE

35071

## DATE

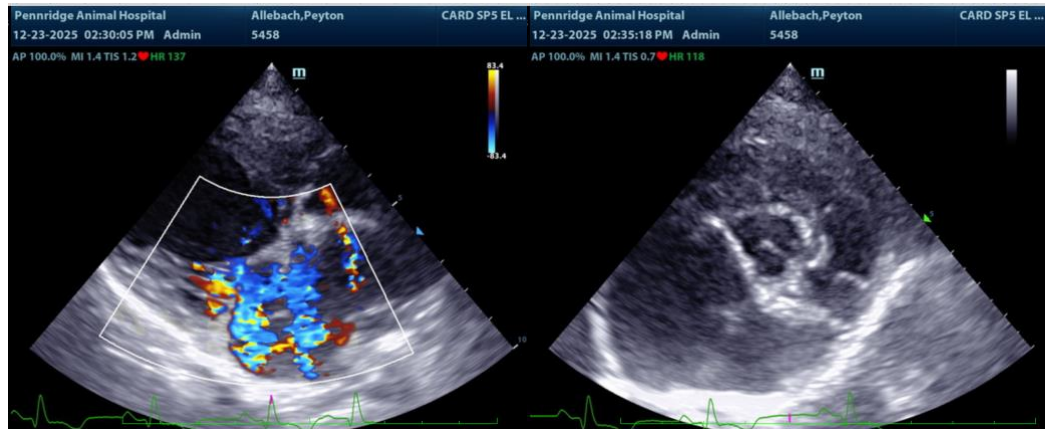
12/23/25

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are reported signs of congestive heart failure, and the patient has degenerative valve disease stage C. I recommend optimizing the dose of furosemide and pimobendan. These will likely be lifelong therapies. Recheck chest radiographs is recommended in 7-10 days along with blood work and a blood pressure. If the patient is doing well and the kidney values are within normal limits, recommend starting an ACE inhibitor (enalapril or benazepril 0.5mg/kg POq12-24) and spironolactone (2mg/kg PO q24). 2-3 weeks after starting ACE inhibition, repeat kidney values are recommended. If the patient is doing well, a recheck echocardiogram is recommended in 4-6 months. Blood work to assess these patients is recommended every 4-6 months.

Recommend close monitoring of breathing rates. 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 reported blood pressure was within normal limits and no additional therapies for blood pressure are recommended. Median survival times, once the patient is at a first episode of heart failure, are roughly 12-15 months, with some patients doing better, while some patients unfortunately not doing as well.



**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)



## PATIENT

Peyton Allebach

## SPECIES

Canine

## BREED

Retriever Mix

## SEX

Spayed Female

## AGE

9 Years 11 Months

## WEIGHT

28.6 Pounds

## INTERPRETED BY

Sara Brethel, DVM,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Dr. Kristen Carpenter

## HOSPITAL NAME

Pennridge AH

## REFERRING VET

Dr. Beth Mehaffey

## INVOICE

35071

## DATE

12/23/25