

## PATIENT

Sasha Harley's Haven

## SPECIES

Canine

## BREED

Cavapoo

## SEX

Female

## AGE

11 Weeks

## WEIGHT

4.9 Pounds

## INTERPRETED BY

Sara Brethel, DVM,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Dr. Kristin Carpenter

## HOSPITAL NAME

Penridge AH

## REFERRING VET

Dr. Beth Mehaffey

## INVOICE

35069

## DATE

12/23/25

## PRESENTING CLINICAL SIGNS

History: Patient was sedated with butorphanol IM. New admit to hospital rescue (from a puppy mill). Patient has a Grd II L systolic murmur. Chest rads - cardiac silhouette subjectively normal, VHS 10.27. No signs of pulm edema or pleural effusion. Patient has had one suspect syncopal like episode in her foster home and seems dull/quiet. Bile acids and an abdominal ultrasound (choleliths noted) is also being performed. BP: 130 mm HG systolic. Bloodwork - NSF except a mild lymphocytosis and monocytosis. Fecal NOS.

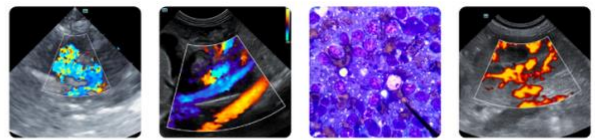
## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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>	NM	--	1.17	1.44	37.36	--	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>	--	1.11	0.77	2.22		1.9	1.19

## Cardiac Presentation

The mitral valve leaflets appear normal, and there is trivial mitral regurgitation. There is no prolapse of mitral valve leaflets. The left atrial size on long and short axis is within normal limits. Subjectively, there does appear to be left ventricular eccentric hypertrophy, however, m-mode measurements are within normal limits. Volumetric measurements are unable to be obtained. The right atrium appears to be at the upper limits of normal without evidence of tricuspid regurgitation. There is no prolapse of tricuspid valve leaflets. Subjectively, the right ventricle appears to have preserved systolic function. Aortic and pulmonic valves have normal morphology, and corresponding outflow velocities are normal. There is at least moderate evidence of pulmonic insufficiency and no evidence of aortic insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear prominent to dilated. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

## ULTRASONOGRAPHIC FINDINGS



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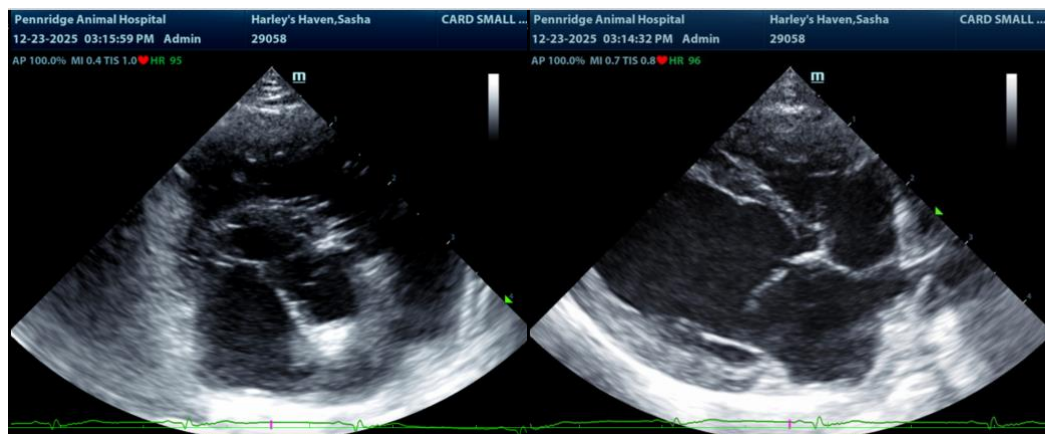
12/23/25

- Mitral regurgitation
- Subjective eccentric left ventricular hypertrophy
- Dilated pulmonary artery and branches
- Pulmonic insufficiency

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur may be secondary to the mitral regurgitation present. There does appear to be subjective eccentric hypertrophy. A PDA cannot be ruled out based upon the images provided. Given the outflow profiles, a PDA is considered less likely, however, with the degree of pulmonic insufficiency and the prominence of the pulmonary artery, other conditions, such as a reversed PDA cannot be entirely ruled out. Due to the appearance of the heart, I would consider an evaluation with a veterinary cardiologist. Additional diagnostics, such as an agitated saline contrast study may be needed. Additionally, can consider that the subjective eccentric hypertrophy may be secondary to the patient's age. If not moving forward with referral, recheck echo is recommended in 3-4 months, sooner if cardiovascular clinicals signs are developing or the murmur is worsening in intensity. As other congenital defects cannot be ruled out, it is difficult to assess the safety for anesthesia. If possible, I would recommend holding on elective procedures until either referral or that recheck echo in 3-4 months.

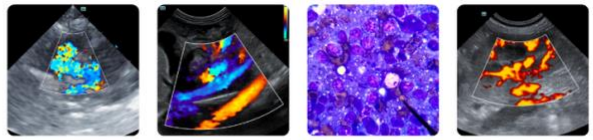
The chest radiographs overall, there appears to be some mild generalized cardiomegaly without evidence of cardiogenic pulmonary edema or effusion.



**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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