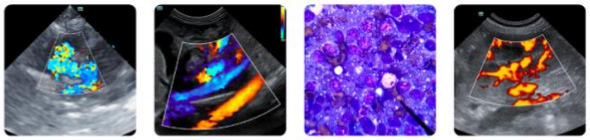

PATIENT

Mercedes Sargent

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

Spayed Female

AGE

8 Years

WEIGHT

22 Pounds

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom VI

REFERRING VET

Ashley McNamee, DVM

INVOICE

35123

DATE

12/29/25

PRESENTING CLINICAL SIGNS

History: Presented on 10-27-25 for diarrhea, but it was noted on exam that heart murmur had progressed from left-sided, apical systolic heart murmur (grade 2/6) to grade 5/6. Radiographs showed evidence of left atrial enlargement and unexpected finding of bladder stones. Urinalysis had active sediment and numerous cocci bacteria. Chem/CBC/T4 normal. Started on Simplicef, Purina UR diet and pimobendan (2.5mg PO q12h). Bladder stones and symptoms of lower urinary tract inflammation have failed to resolve with medical management. Planning cystotomy, but recommended echocardiogram prior to procedure to determine if a good candidate for anesthesia.

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	7.31	2.81	NM	1.64	42.63	--	0.14
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	--	1.19	1.13	10	3.55	3.8	2.18

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 mildly increased. Left ventricular internal dimensions meet epic criteria. 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 trace pulmonic insufficiency. There is no 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 B-2

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- Mild left atrial enlargement
- Mild degeneration of the tricuspid valve without evidence of significant pulmonary hypertension
- Trace pulmonic insufficiency

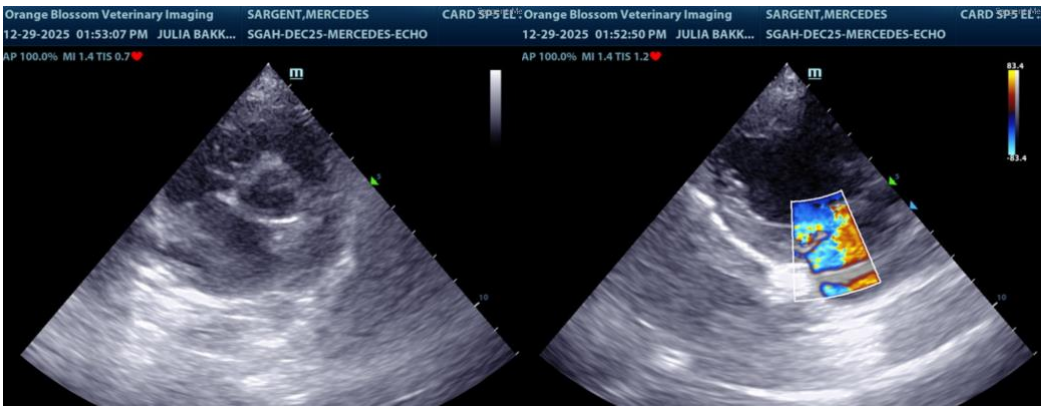
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 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.

Recommend obtaining a blood pressure on the patient to ensure it is <160mmHg. If the blood pressure is elevated recommend following ACVIM guidelines for systemic hypertension and treating if indicated.

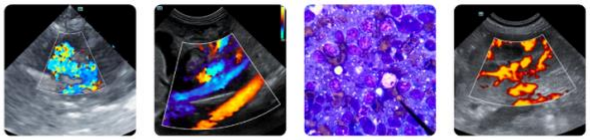
Judicious perioperative fluids are recommended due to the increased left atrial size. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. If needed, anticholinergics can be used in the face of a clinically significant bradyarrhythmia (i.e., bradycardia with concurrent hypotension). If the patient is on an ACEi, recommend not giving this therapy the day of anesthesia.

Ideally, I recommend the patient being on pimobendan for at least one week before moving forward with anesthetic procedures.



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



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can be of any further assistance please contact me.

Sara Brethel DVM, DACVIM (Cardiology)

info@SonoPath.com