



PATIENT

BabyGirl Williams

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

12 Years 10 Months

WEIGHT

14 Pounds

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Katheleen Byrnes

HOSPITAL NAME

Animal Clinic Madison
 Mayodan

REFERRING VET

Dr. McKinlay

INVOICE

35151

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History: P presented for echo to evaluate new murmur.

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	5.37	2.86	1.51	1.33	30.97	--	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	--	1.18	0.67	6.36		2.68	1.85

Chest Radiographic Interpretation

The cardiac silhouette is within normal limits. There is a large, what appears to be, primary pulmonary tumor present.

Cardiac Presentation

The mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is no prolapse of the mitral valve leaflet. The left atrial size is normal. Left ventricular internal dimensions during diastole are within normal limits 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 or pericardial effusion. There is a large, roughly 4.0 cm, mass that appears to be compressing the right heart, but a clear communication with the heart is not identified.

ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease, ACVIM stage B-1
- Mass, suspected within the pleural space



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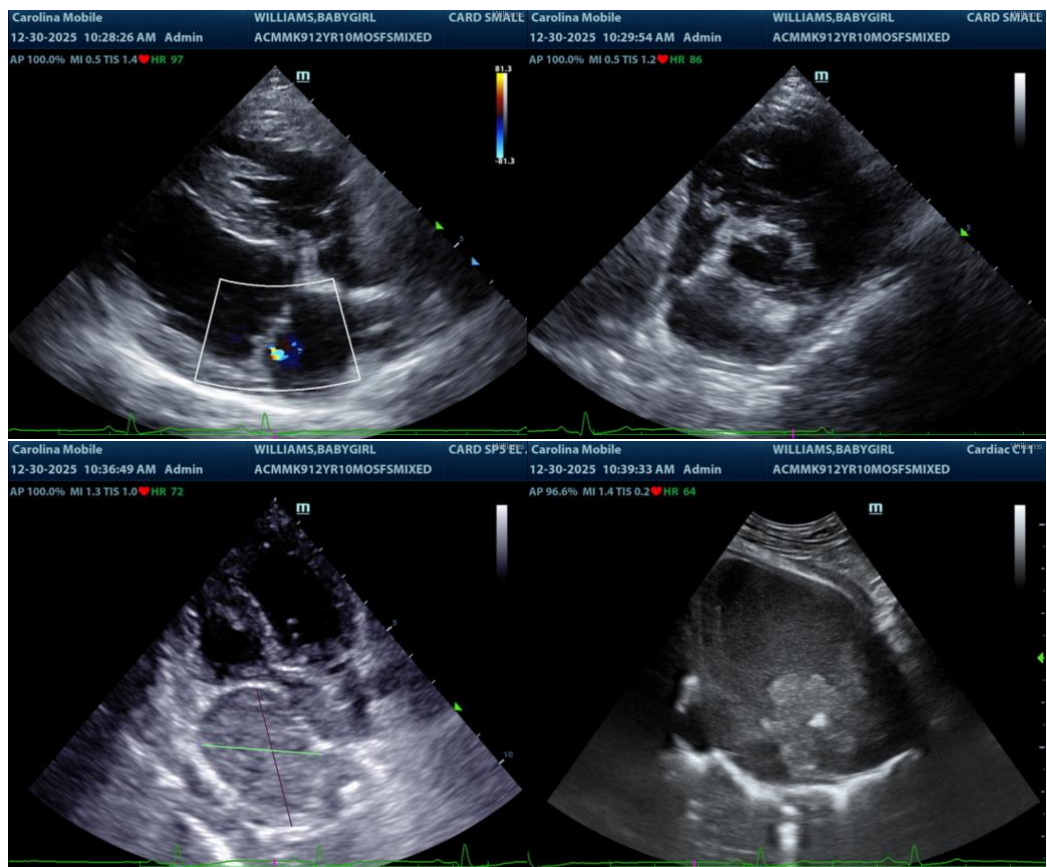
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's degenerative valve disease, ACVIM stage B-1. No cardiac medications are recommended at this time. The patient has a large mass within the pleural space. It is not suspected to be heart based or associated with the right heart, but a primary cardiac tumor cannot be entirely excluded. Based upon the chest radiographs, top differential is a pulmonary mass. Recommend considering referral for CT for further investigation and considering FNA of the mass as well. If not moving forward with referral, the clients should closely monitor breathing rates. As far as a recheck echo, I would recommend one in 6 months.



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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info@SonoPath.com

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