



**PATIENT**

Lyla Rosado

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

6 Years 9 Months

**WEIGHT**

13.2 Pounds

**INTERPRETED BY**

Sara Brethel DVM,  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Dr. Gabriel Ferrer, DVM

**HOSPITAL NAME**

Pulse Pet Ultrasound  
Services

**REFERRING VET**

Dra. Damaris Rohena

**INVOICE**

35165

**DATE**

12/31/25

**PRESENTING CLINICAL SIGNS**

History: Presented as a referral for an echocardiogram to evaluate chronic cough and heart murmur. Pt developed a cough on August 2025 and was treated with Doxycycline and prednisone and resolved until November 2025 when pt had an emergency episode. Then, in December 23rd a grade 2/6 was found, cardio cNT-ProBnP test was elevated in gray zone (1,455 pmold/L). Pt is currently on Tussionex, Pimobendan 1.25 mg BID, Theophylline 50mg BID, Prednisone 2.5mg and started then on Dec 23rd. DDX: Chronic cough, cardiac origin vs Chronic airway disease.

Abnormal PE/Chem/CBC/UA Results: PE: grade 2/6 systolic HM Radiograph and BW attached as supporting documents.

**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                   | --            | --            | NM             | 1.1                     | 44                   | --                                       | 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                   | --            | 1.13          | 1.21           | 6.0                     | 2.4                  | 2.5                                      | 1.4                                      |

**Chest Radiographic Interpretation**

The cardiac silhouette is within normal limits. There is no evidence of cardiogenic pulmonary edema.

**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 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



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pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

## ULTRASONOGRAPHIC FINDINGS

- Structurally normal heart

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The heart is structurally normal. The murmur is innocent versus physiologic. Pimobendan is not recommended at this time. Recommend stopping the therapy. The cough is not cardiac in origin. Recommend continued investigations for cough. Consider referral to internal medicine for respiratory work up. Recheck echo is not needed, unless the murmur changes in intensity, the patient develops a new murmur, or the patient develops an arrhythmia.



**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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