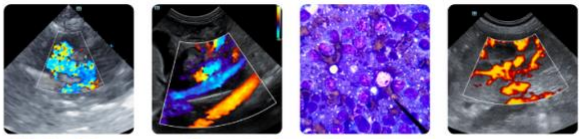



**PATIENT**

Remington Thrappas

**SPECIES**

Canine

**BREED**

Cavalier King Charles Spaniel

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

~28 Pounds

**INTERPRETED BY**

Sara Brethel DVM, DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Andrea Nicastro, DVM, DACVIM

**HOSPITAL NAME**

Meadowlawn Animal Services, Market Commons

**REFERRING VET**

Dr. Bryson GaleULL

**INVOICE**

35168

**DATE**

12/31/25

## PRESENTING CLINICAL SIGNS

History: Hx of 3/6 murmur - now 4/6 Inc resp rate at night Needs cyst on back removed - would like to know anesthetic risk Current Rx: Vetmedin, Enalapril.

## 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** | ~7.0 | ~3.0 | 2.15 | 1.98 | 40.84 | -- | 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** | -- | ~1.0 | ~0.5 | ~12.7 kg | 4.3 | 3.55 | 2.1 |

### *Cardiac Presentation*

The mitral valve leaflets are moderately thickened with moderate mitral regurgitation posteriorly directed. Mitral regurgitant velocities are increased. 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 at least mild 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 evidence of 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
- Severe left atrial enlargement
- Increased mitral regurgitant velocities
- Tricuspid regurgitation with at last mild pulmonary hypertension
- Trace pulmonic insufficiency

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has degenerative valve disease with severe left atrial enlargement. The patient is at an increased risk for elective anesthetic procedures. With the recent history of breathing rates increasing at night, chest radiographs are strongly recommended to ensure there is no evidence of emerging heart failure.

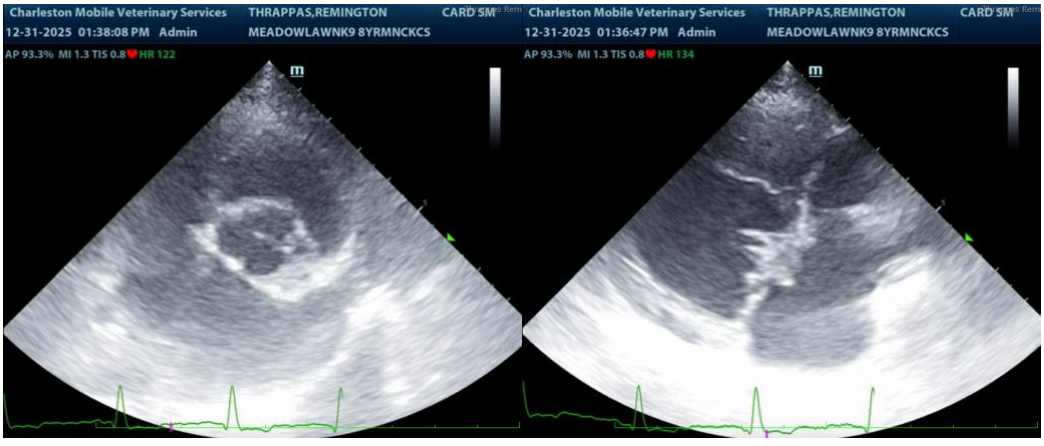
If the clients aren't already doing so, I recommend that they start monitoring breathing rates at home very day. The resting respiratory rate should be < 35-40 breathes/minute when the patient is resting or sleeping. If the breathing rates are increasing, then chest radiographs are recommended.

With the increased mitral regurgitant velocities, recommend ensuring the patient is normotensive. 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.

Recommend ensuring the patient is on 0.27-0.32 mg/kg of Vetmedin twice daily.

As far as anesthetic risk, if there is a way to prioritize the cyst removal with local anesthesia, ideally, that would be recommended, however, if general anesthesia is needed, recommend close monitoring of breathing rates an obtaining chest radiographs prior to moving forward with procedure. Enalapril should not be given the morning of surgery. Judicious perioperative fluids, i.e., roughly 3mL/kg, are recommended and close monitoring of breathing rates. Therapies such as alpha 2 agonists, like dexmedetomidine and ketamine are best avoided.

Recheck echo in 4-6 months, sooner if the patient is developing other cardiovascular clinical signs.




**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology**

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**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