

PATIENT

Evey Brandel

SPECIES

Canine

BREED

Australian Shepherd X

SEX

Spayed Female

AGE

7 Years

WEIGHT

19.2 Pounds

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Andrea Nicastro, DVM,
 DACVIM

HOSPITAL NAME

VSC Blue Pearl, Mt.
 Pleasant

REFERRING VET

Dr. Shannon Graham

INVOICE

36827

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: Evey was normal prior to appt. today. No coughing noted at home. Intermittent episodes of heavy breathing/panting that has been historic and never worked up. Pleural effusion - suspect chyle (TG level and cytology on fluid pending) No murmur.

Abnormal PE/Chem/CBC/UA Results: CBC: LYM 0.68 k/uL **** (L)****, HGB 21.7 **** (H)****, MCG 26.5 **** (H)****, MHCH 41.9 **** (H)**** - Chem: GLU 113 mg/dL **** (H)****, GLOB 2.2 g/dL **** (L)**** - Pleural Effusion PCV/TS <1%/ TS 2.0 g/dL; no bacteria seen, low cellularity rare red blood cell, plasma cell vs lymphocyte, mesothelial cell Fluid Cytology: PENDING - Fluid Triglyceride: PENDING Rads (post tap) Bilateral pneumothorax and minimal pleural effusion. Potential soft tissue opacity in the left cranial thorax (in the pleural space). The pneumothorax might be iatrogenic secondary to the thoracocentesis; it may also be related to ruptured bulla, ruptured pulmonary lesion, etc. Minimal pleural effusion. Cytology of the fluid might be considered to further evaluate the process. Potential pleural lesion (neoplasia, granuloma) fluid accumulation.

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	--	--	1.19	1.28	20		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	0.6	8.72	2.6	3.0	2.4

RAD: 2.4

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 function is low/normal to mildly reduced. 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



PATIENT

Evey Brandel

SPECIES

Canine

BREED

Australian Shepherd X

SEX

Spayed Female

AGE

7 Years

WEIGHT

19.2 Pounds

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Andrea Nicastro, DVM,
 DACVIM

HOSPITAL NAME

VSC Blue Pearl, Mt.
 Pleasant

REFERRING VET

Dr. Shannon Graham

INVOICE

36827

DATE

12/9/25

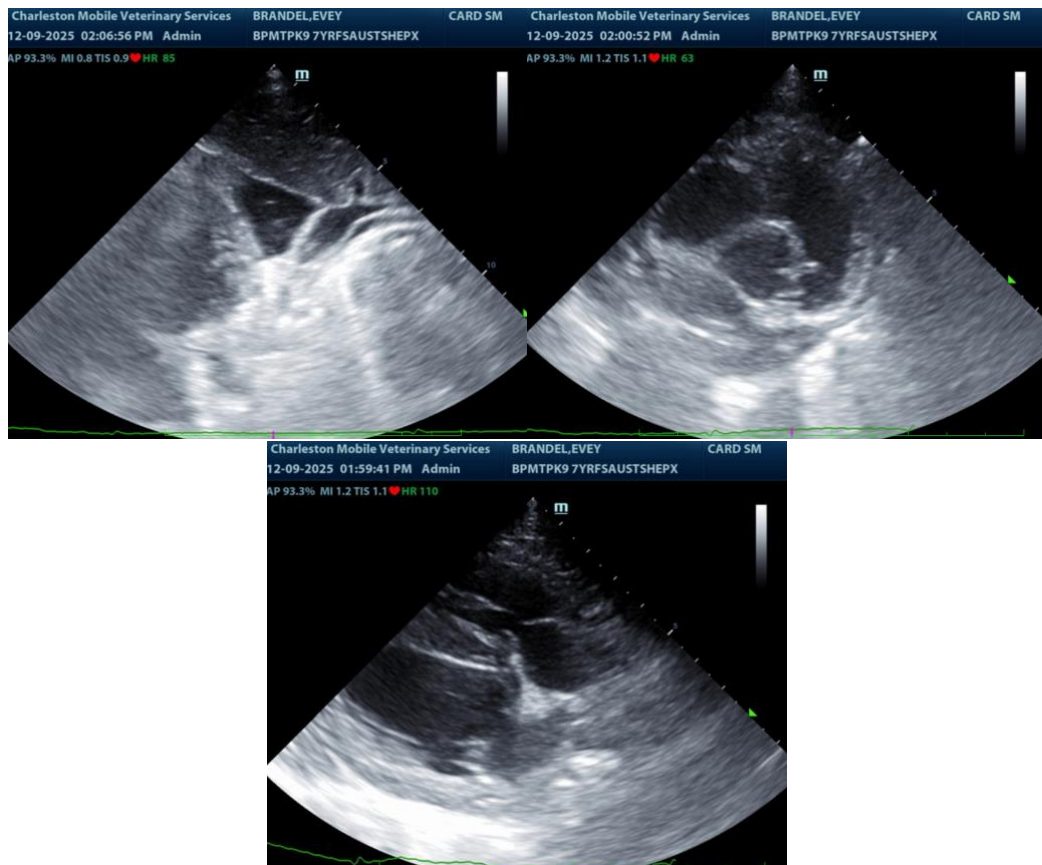
pulmonary artery and associated branches appear normal. There is mild pleural effusion. There is no pericardial effusion or intracardiac masses identified. There is significant bradycardia identified.

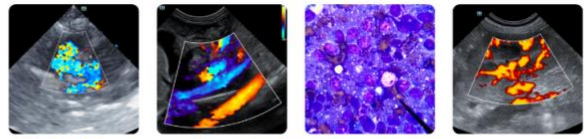
ULTRASONOGRAPHIC FINDINGS

- Bradycardia
- Pleural effusion
- Low/normal to mildly decreased left ventricular systolic function

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient's pleural effusion is noncardiac. There remains mild pleural effusion. The patient is bradycardic. It is reported that the patient received gabapentin, which is likely contributing to the bradycardia, however, recommend obtaining a 6 lead ECG to ensure the rhythm is a sinus bradycardia. The low/normal to mildly reduced left ventricular systolic function is likely secondary to the patients underlying systemic disease and not contributing to the pleural effusion. However, this can also represent some primary cardiac changes. No cardiac therapies are recommended for this finding at this time. Recommend ensuring the patient is on a traditional grain-based diet. A recheck is recommended in 4-6 months to monitor the left ventricular changes, sooner if a murmur develops or the patient is clinically decompensating or developing cardiovascular clinical signs.





PATIENT

Evey Brandel

SPECIES

Canine

BREED

Australian Shepherd X

SEX

Spayed Female

AGE

7 Years

WEIGHT

19.2 Pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

**IMAGING
PERFORMED BY**

Andrea Nicastro, DVM,
DACVIM

HOSPITAL NAME

VSC Blue Pearl, Mt.
Pleasant

REFERRING VET

Dr. Shannon Graham

INVOICE

36827

DATE

12/9/25

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)

info@SonoPath.com