

PATIENT

Iris Flynn

SPECIES

Canine

BREED

Pittie

SEX

Spayed Female

AGE

10 Years 5 Months

WEIGHT

102 Pounds

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Midway AC

REFERRING VET

Dr. Haley

INVOICE

36836

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: Owner is retired human internist. Owner reports panting a lot through the day from minimal exercise, shortness of breath, P previously coughing with specks of blood, coughing has improved, dry cough, no more blood Rads- showed opacities in lungs and dorsal deviation of trachea Was started on Lasix and Vetmedin 10mg 1 tab PO BID, with improvement. Lasix stopped continued Pimobendan P has history of HWD treated with slow kill method- now negative History of cutaneous hemangiosarcoma 2 rads attached.

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	Underest	--	0.93	1.21	43.54	74.7	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	--	1.95	1.6	46.36	--	4.71	2.66

Chest Radiographic Interpretation

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

Cardiac Presentation

The mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is no prolapse of the mitral valve leaflets. 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 without 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



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

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ULTRASONOGRAPHIC FINDINGS

SPECIES

- Degenerative valve disease, stage B-1
- Possible pulmonary infiltrates
- Noncardiac coughing

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Recommend obtaining 3-view thoracic chest radiographs and considering submission to a radiologist. With the patient's history, the cough is not cardiac. Primary pulmonary disease is suspected. Can consider referral to internal medicine +/- a CT. If there is evidence of pulmonary infiltrates, oncology may be needed. Cardiac therapies are not recommended at this time. The patient can discontinue pimobendan. There is no evidence of pulmonary hypertension on the images provided. Recheck echocardiogram can be performed in 10-12 months, sooner if a heart murmur or an arrhythmia develops.

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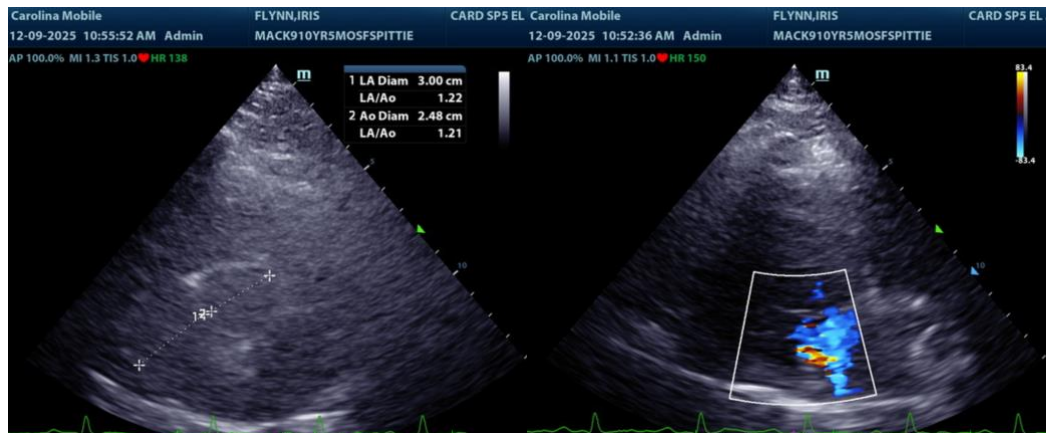
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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