



PATIENT

Rhonda Heltzel

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

3 Years

WEIGHT

Not Provided

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Kingston AH

REFERRING VET

Dr. Rosen

INVOICE

35813

DATE

2/11/26

PRESENTING CLINICAL SIGNS

- Heart murmur grade 2/6 found on routine wellness
- No clinical signs
- Current meds: Carprofen

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	--	--	1.33	1.47	36.58	NM	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	NM	2.31	1.36	--	3.9	4.1	2.6

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. Aortic outflow velocities are at the upper limits of normal. 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, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- High/normal aortic outflow velocities

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient's heart murmur is physiologic and secondary to high/normal aortic outflow velocities. No



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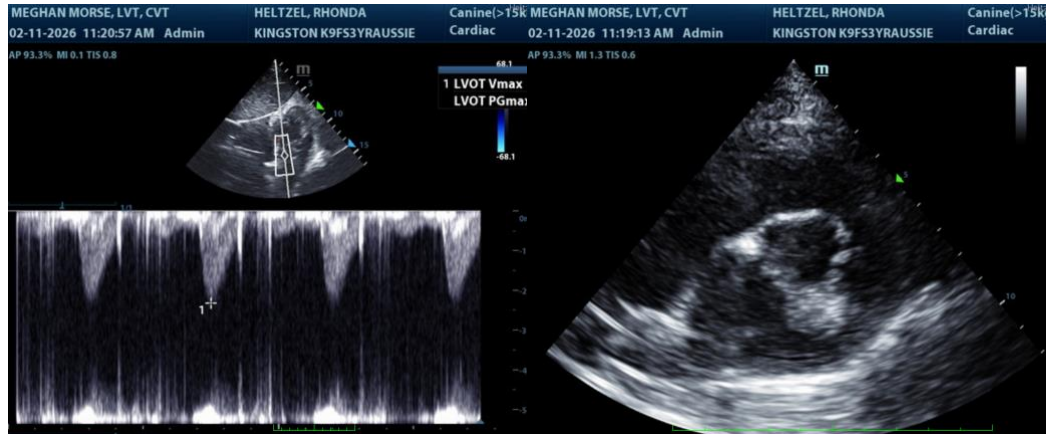
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cardiac therapies are recommended at this time. A recheck echo can be considered in one year. Alternatively, performing a recheck echo if the heart murmur changes in intensity, the patient develops a new heart murmur, or the patient develops an arrhythmia.



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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