

PATIENT

Walker Dettman

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

Intact Male

AGE

6 Years

WEIGHT

22 pounds

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Timbers Veterinary Services

REFERRING VET

Dr. White

INVOICE

13545

DATE

02/02/26

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings: Patient has been coughing
- Murmur 6/6
- Chest Radiographs- Cardiac silhouette is enlarged breed. The lung fields have evidence of increased opacity with interstitial lung pattern progressing to an alveolar pattern. The trachea is unremarkable and uniform in size. The Diaphragm is unremarkable. The Mediastinum is prominent without any widening or masses. The great vessels are not well-defined. The pleura is smooth, with no evidence of pleural effusion or pneumothorax.
- Surrounding soft tissues appear normal without any signs of swelling or abnormal masses.
- Current Medications: Rx: 2.5mg Pimobendan 1 tab PO q 12 hrs (can increase to q8h) Rx: 20mg Furosemide: 1 tab BID (Can increase to 40 mg TID) #28 Rx: 5mg Enalapril: 1 tab PO SID

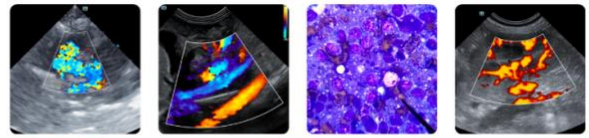
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	8.23	4.2	NM	1.67	40.54	--	--
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	OE	1.71	10 kg	2.6	3.7	2.2

Cardiac Presentation

The mitral valve leaflets are moderately thickened with moderate mitral regurgitation posteriorly directed. There is moderate prolapse of the mitral valve leaflets. The left atrial size is mildly to moderately 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 moderate to severe 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 appears normal. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS



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- Degenerative valve disease with mild to moderate left atrial enlargement.
- Degeneration of the tricuspid valve with moderate to severe pulmonary hypertension.
- Increased mitral regurgitant velocities.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has degenerative valve disease and there is mild to moderate left atrial enlargement, however, given the increased mitral regurgitant velocities and the appearance of the left atrial size, I am concerned that the patient is not in active heart failure.

The chest radiographs performed are not available for review. If there is any change in breathing associated with that pattern, then I would recommend a 20% increase in diuretic therapy (increasing to 25 mg by mouth twice daily). I would continue the Pimobendan at the current dose and the Enalapril as long as the kidney values are normal, can also be increased to twice daily.

With the increased mitral regurgitant velocities, this suggests increased afterload and is recommended to ensure the patient is normotensive. The client should start monitoring respiratory rate and effort at home if not already doing so. 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.

If diuretics and the Enalapril are being increased, then I recommend rechecking kidney values in one to two weeks, including kidneys and electrolytes. I also recommend starting spironolactone at 2 mg /kg once daily for aldosterone antagonism.

A recheck echo is recommended in four to six months, sooner if the patient is decompensating. If the blood pressure is elevated, I recommend following ACVIM guidelines for systemic hypertension.

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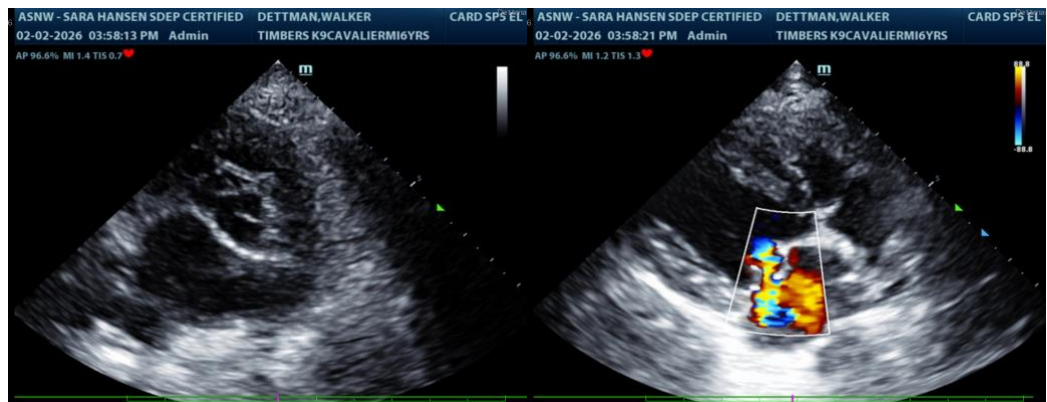
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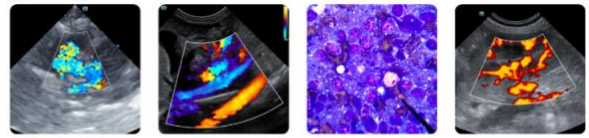
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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