

PATIENT

Charlie Bell

SPECIES

Canine

BREED

Maltese Mix

SEX

Spayed Female

AGE

11 Years

WEIGHT

14.8 pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Veterinary
Hospital

REFERRING VET

Dr. Shelton

INVOICE

13973

DATE

02/25/26

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings: Presented for routine wellness, vax and dental disease. Grade 3/6 heart murmur detected. 3/4 periodontal disease
- ABNORMAL Labwork Values: No labs performed, recommended Echo prior to dental procedure
- For ECHO Only: Blood Pressure. Will be given to Ultrasound tech
- HR/RR/BP: HR 128, RR 48
- Is there a Heart Murmur? If so, please grade: 3/6 left sided murmur
- Current Medications: Apoquel
- Notes to Specialist (if any): Echo prior to anesthesia, anesthetic recommendations appreciated

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

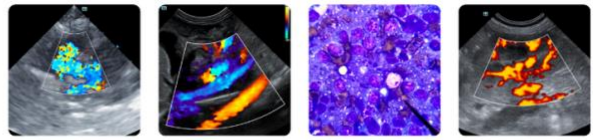
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	7.37	--	1.27	1.3	44.44	--	0.11
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD 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	--	1.49	1.29	6.72	2.79	2.7	1.5

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 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 ACVIM Stage B1.



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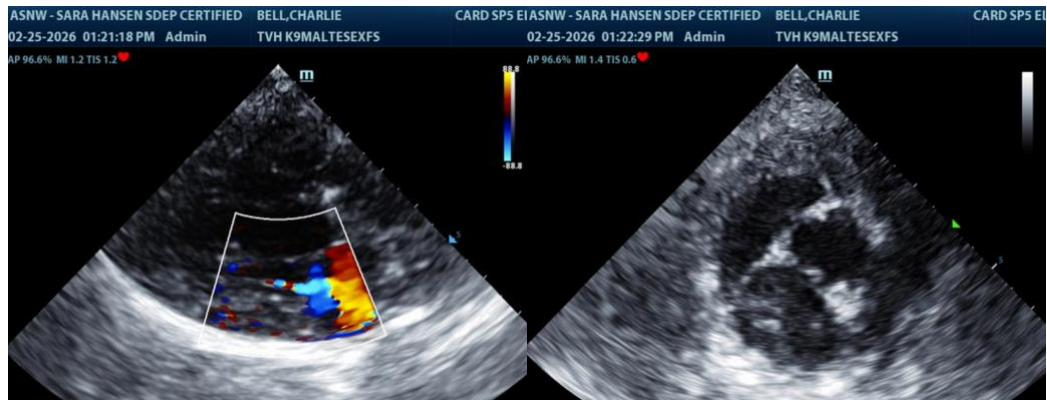
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has degenerative valve disease ACVIM stage B1 and no cardiac medications are indicated at this time. Since this can be a progressive condition, serial monitoring is recommended. A recheck echocardiogram is recommended in 10-12 months. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmur is worsening in intensity. Elective anesthetic procedures should be well tolerated.

The provided blood pressures are highly variable, and I'm concerned that they are not an accurate representation of the patient's underlying systemic pressures. I recommend ensuring the patient is in lateral or sternal recumbency. If in lateral recumbency, obtaining the blood pressure off of a forelimb that is not the dependent limb, i.e. the limb that is off of the table, ensuring the cuff is 40% of the patient's leg circumference and that the leg is stretched out at the level of the heart to ensure an accurate reading. If the blood pressure remains elevated, I recommend following ACVIM guidelines for systemic hypertension.

As long as the blood pressure is normal, standard perioperative fluid rates should be well-tolerated. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. Anticholinergics can be used in the case of a clinically significant bradyarrhythmia (i.e., bradycardia with concurrent hypotension). If the patient is on an ACEi, recommend not giving this therapy the day of anesthesia.



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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