

PATIENT PRESENTING CLINICAL SIGNS

Sally Bary • Murmur still present

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

8 Years

WEIGHT

~70.0 pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Andrea Nicastro, DVM,
DACVIM

HOSPITAL NAME

Dunes Veterinary
Clinic

REFERRING VET

Dr. Soileau

INVOICE

13972

DATE

02/25/26

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	~6.0	~3.0	1.29	1.0	28	--	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	~1.5	~1.0	~31.0 kg	--	5.0	3.6

Cardiac Presentation

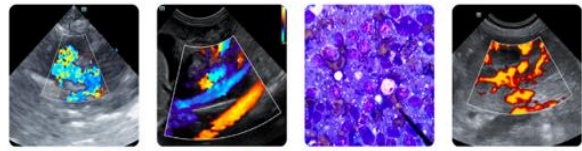
The mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is **no** prolapse of the mitral valve leaflet. The left atrial size is normal. Left ventricular diastolic dimensions are mildly distended and there remains mild left ventricular systolic dysfunction 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 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 stage B1.
- Normal left atrial size (with left ventricular systolic dysfunction and left ventricular dilation).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient still has a heart murmur secondary to the degenerative changes to the mitral valve and there remains left ventricular distension and systolic dysfunction, however the left atrium is normal in size. I recommend continued therapy with Pimobendan and Enalapril. These will continue to be lifelong medications likely for the patient. It is unknown if there will be a reversal of the patient's



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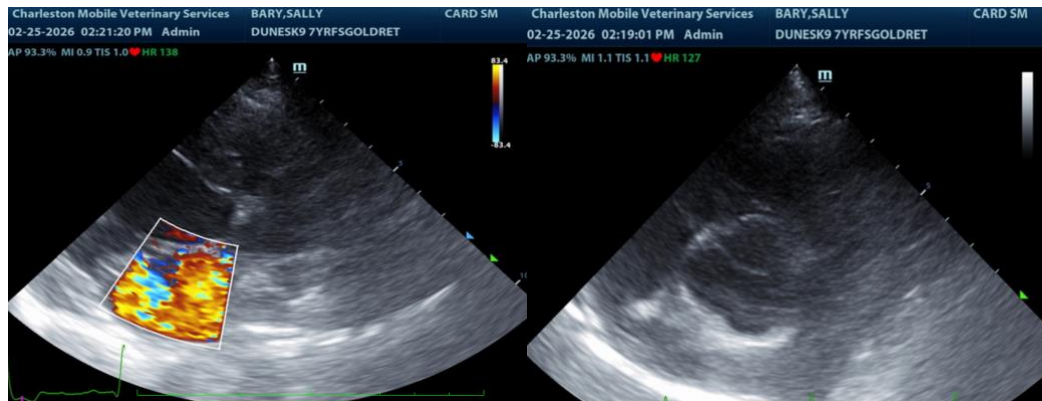
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systolic dysfunction now that they are no longer receiving a non-traditional boutique diet and serial monitoring is still recommended. In the absence of clinical signs, consider a recheck in 9-12 months, sooner if the murmur is worsening in intensity and or the patient is developing cardiovascular clinical signs.



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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