



PATIENT

Sydney Clark

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

AGE

13

WEIGHT

13.4

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Reyana Zuber, BVMS

HOSPITAL NAME

Angeles Clinic for
Animal

REFERRING VET

Reyana Zuber, BVMS

INVOICE

35972

DATE

2/25/26

PRESENTING CLINICAL SIGNS

History: See prior submission

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	--	--	NM	--	40.9	--	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	--	--	--	6.1	2.79	2.2	1.3

***No other measurements are able to be obtained with the images provided.*

Cardiac Presentation

The mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is no prolapse of the mitral valve leaflet. Left atrial size appears normal on long axis assessment. 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 with mild tricuspid regurgitation. There is billowing of the tricuspid valve leaflets. The right ventricle subjectively appears normal in structure and function. The aortic and pulmonic valves have normal morphology. 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 with mild tricuspid regurgitation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based upon the images provided, the left atrium appears within normal limits and there are degenerative changes to the mitral and tricuspid valve. This patient is classified, therefore, as ACVIM stage B1 and no medications are indicated. This can be progressive, and serial monitoring is recommended. Recheck echo should be performed in 6 months, sooner if the patient is developing cardiovascular clinical signs or the murmur is worsening in intensity.



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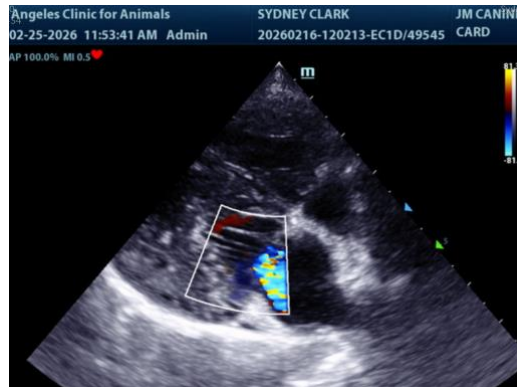
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Standard perioperative fluid rates should be well-tolerated. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. Anticholinergics can be used in the case of a clinically significant bradyarrhythmia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

Recommend obtaining a blood pressure on the patient to ensure it is <160mmHg. If the blood pressure is elevated recommend following ACVIM guidelines for systemic hypertension and treating if indicated.



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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