

PATIENT

Rookie Milligan

SPECIES

Canine

BREED

Morkie

SEX

Neutered Male

AGE

13 Years

WEIGHT

5.2 kg

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

The Collegway AH

REFERRING VET

Dr. Nessiem

INVOICE

35974

DATE

2/26/26

PRESENTING CLINICAL SIGNS

- History of enlarged heart, heart murmur and collapsed trachea
- Current Medications: Vetmedin 1.25mg 1 capsule BID
- Primary Question to Be Answered in This Exam: Would like to see if this patient would be a good candidate for sedation.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

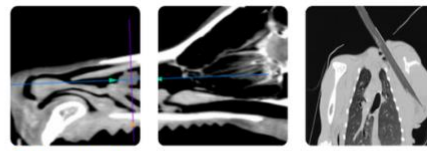
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	5.94	--	2.16	1.84	53.33	NM	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA 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	127	1.39	1.2	5.2	3.3	3.0	1.4

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 moderately to severely 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 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 insufficiency. There is mild 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 B-2



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- Moderate to severe left atrial enlargement
- Mild aortic insufficiency

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

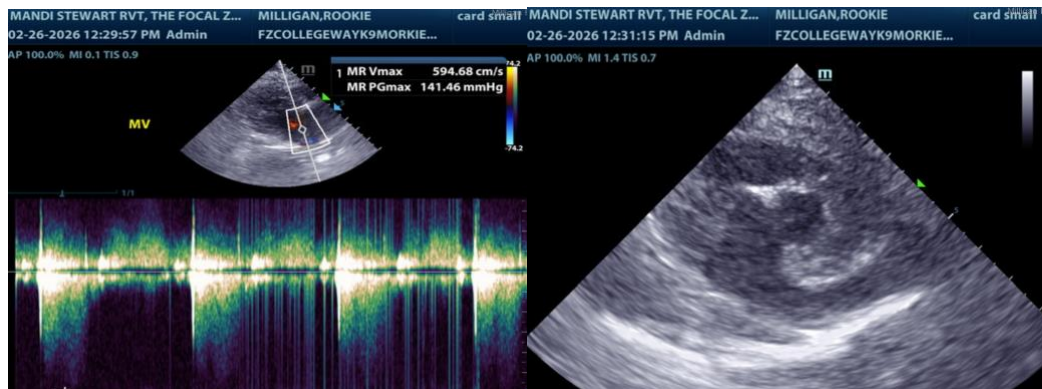
The patient has degenerative valve disease, ACVIM Stage B-2. I recommend optimizing the Vetmedin dose to 1.875 mg every 12 hours. This requires 1 ½ of the 1.25 mg tablets. Alternatively, if the capsules are all the clients can obtain, you can give 2 capsules in the morning and 1 capsule in the evening of the 1.25 mg.

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.

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.

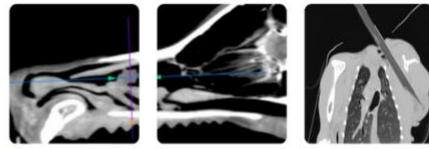
The patient is at increased risk for elective anesthetic procedures, however, if anesthesia is needed, judicious perioperative fluids are recommended due to the increased left atrial size. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. If needed, anticholinergics can be used in the face 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.

A recheck echo and blood pressure is recommended in 6 months, sooner if the patient is decompensating.



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.



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