



PATIENT

Kaya Ohnemus

SPECIES

Canine

BREED

Lab Retriever

SEX

Spayed Female

AGE

14 Years

WEIGHT

74

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit Animal
Wellness

REFERRING VET

Dr. Sarah Green

INVOICE

13666

DATE

02/09/26

PRESENTING CLINICAL SIGNS

- Presented following two suspected syncopal episodes within the past week, 20-30 seconds duration, one episode occurred following limited exercise. The second after drinking water.

Abnormal PE/Chem/CBC/UA Results: No murmurs ausculted. Typically anxious on exam, but increased heart rate noted with minimal exertion, (eg rising from a seated position) No cardiopulmonary abnormalities appreciated on thoracic radiographs, ECG findings note a complex arrhythmia thought to represent a right bundle branch block with sinus arrhythmia and occasional atrial premature complexes.

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	UE	--	NM	1.2	30.86		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	NM	~0.5	33.63	NM	4.18	2.89

Cardiac Presentation

The mitral valve leaflets are normal and there is trivial centrally directed mitral regurgitation. The rhythm is irregular. There is no prolapse of the mitral valve leaflets. The left atrial size is normal. Left ventricular systolic and diastolic function is within normal limits. There is normal right atrial size without evidence of tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension on today's evaluation. 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

- Irregular rhythm.
- Trivial central mitral regurgitation.



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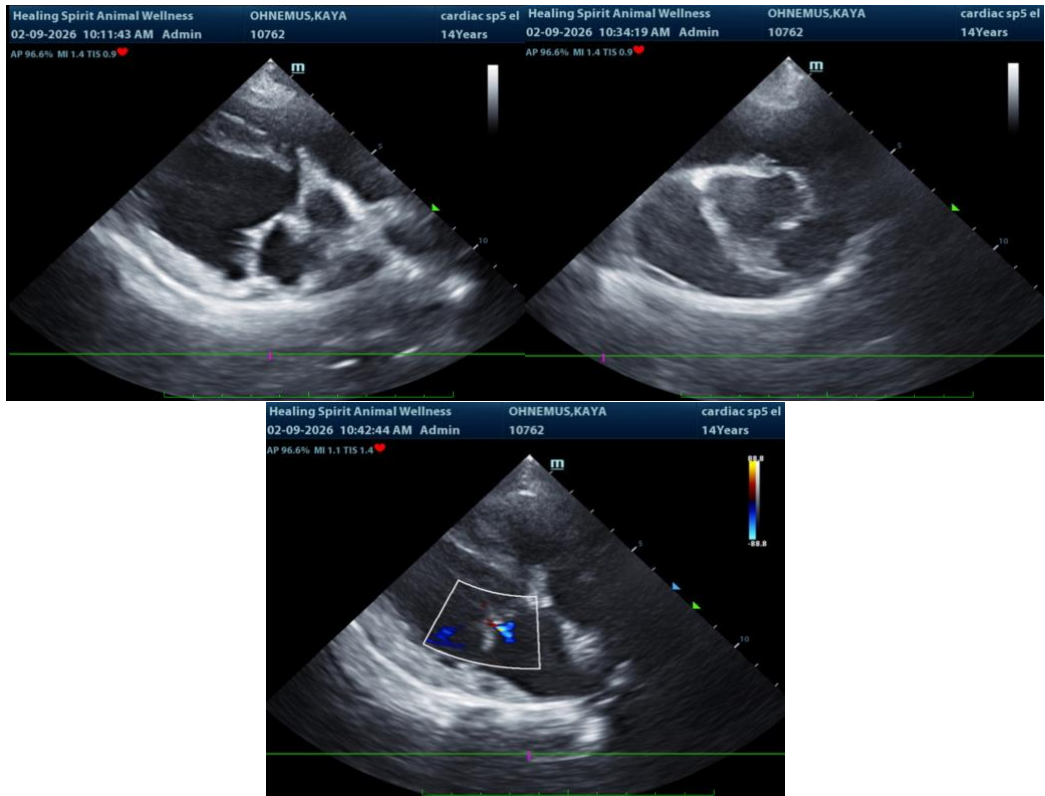
02/09/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has an arrhythmia, and ECG is not available for review. I cannot comment on therapies for the arrhythmia without an electrocardiogram. A primary structural cardiac reason for the arrhythmia is not identified. Recommend ensuring the patient is normotensive.

Full blood work is normal including electrolytes, thyroid, and calcium. Investigating for any other 'usual suspects' such as abnormalities to the liver and/or spleen.

The trivial mitral regurgitation is likely secondary to the patient's arrhythmia. There is concern based on how the rhythm appears irregular that the patient collapsed likely secondary to the underlying arrhythmia.



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)

info@SonoPath.com



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