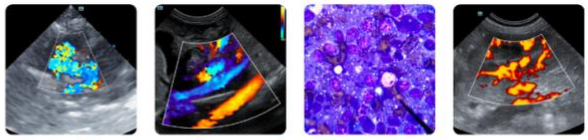

PATIENT

Junior Chavez

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

12 Years

WEIGHT

6.69 pounds

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal Health Associates

REFERRING VET

Dr. Fadden

INVOICE

14219

DATE

03/10/26

PRESENTING CLINICAL SIGNS

- Recent dental procedure, teeth clean
- no crackles or wheezes on thoracic ausculation
- New grade 1/6 left sided systolic heart murmur
- Abdomen soft, no discomfort/organomegaly noted
- Overweight BCS 7/9

Abnormal PE/Chem/CBC/UA Results: CBC WNL, ALT mildly elevated at 136 U/L (ref 18-121) ALl other values normal. Elevated ProBNP at 1043 pmol/L BP 125 mmHg/ 65mmHg, HR 126, RR 18

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	4.0	3.03	1.08	1.5	33.33	--	0.8
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	1.26	0.8	3.04	2.45	2.1	1.4

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 but at the upper limits of 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 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.

ECG

There is significant baseline artifact. The underlying rhythm is sinus with a sinus arrhythmia.

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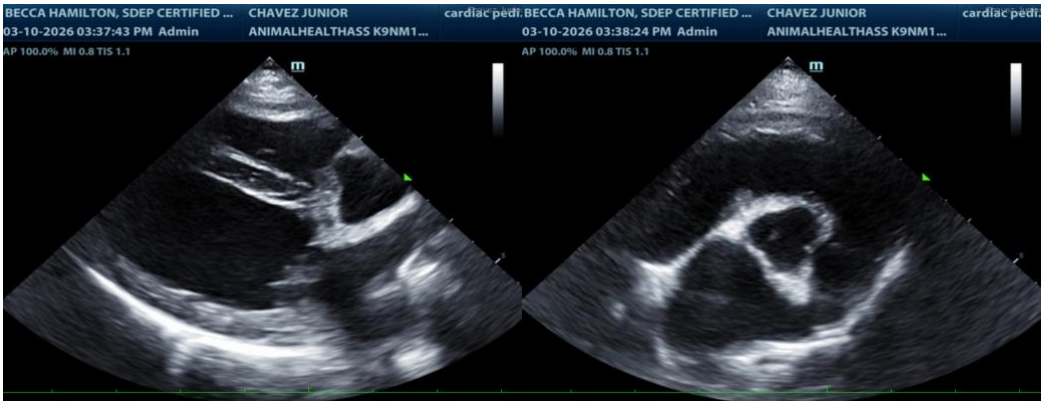
ULTRASONOGRAPHIC FINDINGS

- DVD stage B1- LA upper limits of normal.
- Mild tricuspid regurgitation without evidence of significant pulmonary hypertension.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has degenerative valve disease ACVIM stage B1 and no cardiac medications are indicated at this time. In general, the mitral regurgitation is more significant than the tricuspid regurgitation but regardless, no therapies are indicated at this time. Since this can be a progressive condition, serial monitoring is recommended. A recheck echocardiogram is recommended in 6 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.

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)

info@SonoPath.com