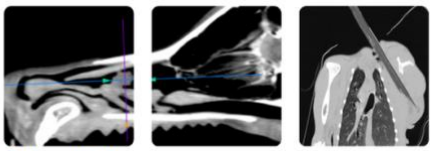


PATIENT

Roxy Fakourty

SPECIES

Canine

BREED

Shepherd X Husky

SEX

Intact Female

AGE

2 Years

WEIGHT

25 kg

INTERPRETED BY

Sara Brethel, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

New Hamburg VC

REFERRING VET

Dr. Schroeder

INVOICE

36249

DATE

3/16/26

PRESENTING CLINICAL SIGNS

- Recheck Cardiac U/S
- Murmur present as a puppy (improved as she got older, no murmur present currently)
- Spay planned for this month
- Previous cardiac u/s with trillium (will email over)
- Abnormal PE/Chem/CBC/UA Results: Primary Question to Be Answered in This Exam Any Concerns for anesthesia/recommended medications

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	Underest	--	1.02	--	41.38	--	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	173	1.34	1.0	25	3.07	3.6	2.1

Cardiac Presentation

The mitral valve leaflets are mildly thickened with trivial mitral regurgitation eccentrically directed. There is billowing of the anterior mitral valve leaflet. The left atrial size is 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 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 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

PATIENT

Roxy Fakourty

SPECIES

Canine

BREED

Shepherd X Husky

SEX

Intact Female

AGE

2 Years

WEIGHT

25 kg

INTERPRETED BY

Sara Brethel, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

New Hamburg VC

REFERRING VET

Dr. Schroeder

INVOICE

36249

DATE

3/16/26

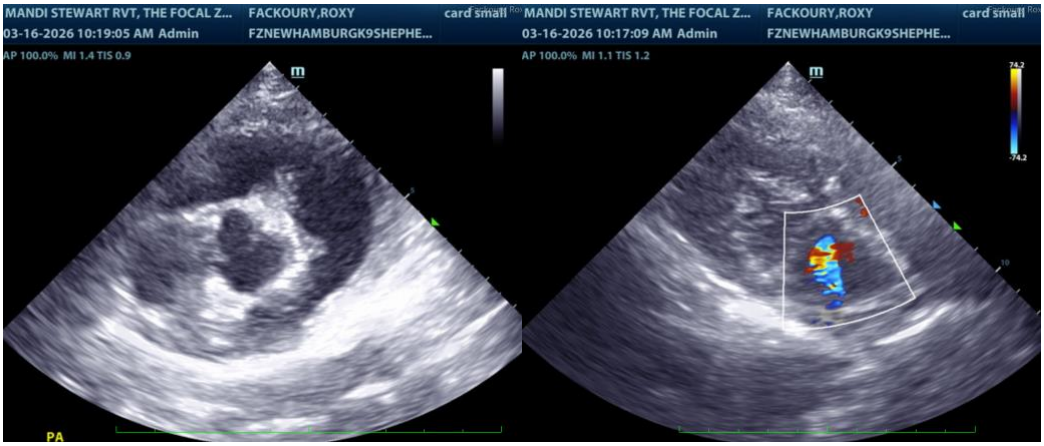
- Mildly thickened mitral valve leaflets
- Billowing of the mitral valve leaflet- rule out mitral valve dysplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has trivial mitral regurgitation and concerning findings for mitral valve dysplasia which are consistent with the previous evaluations performed in January. A left ventricular outflow obstruction was identified; however, this is not the case on the images provided today. The patient does not appear to have additional congenital abnormalities, again, based on the images provided. No cardiac therapies are recommended.

Elective anesthetic procedure 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.

Recheck echo recommended in 10 to 12 months, sooner if the patient is decompensating or if the patient's murmur returns.



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