

PATIENT

Barkley Sieve

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

Neutered Male

AGE

9 Years

WEIGHT

23 pounds

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Andrea Nicastro DVM,
 DACVIM

HOSPITAL NAME

Salt Marsh Animal Hospital

REFERRING VET

Dr. Christie Wiles

INVOICE

14381

DATE

03/17/26

PRESENTING CLINICAL SIGNS

- Follow up. Previously diagnosed with DVD Stage B2. Needs dental.
- On Pimobendan

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 | ~6.0 | ~3.0 | 2.06 | -- | 40.56 | 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 | NM | ~0.8 | ~0.8 | 10.45 | 4.7 | 3.87 | 2.3 |

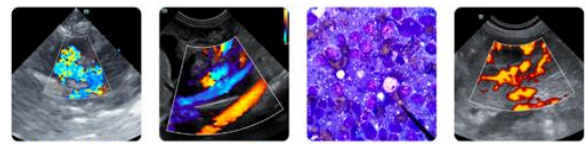
Cardiac Presentation

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 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 with mild tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and there is mild 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

- Degenerative valve disease (compensated stage B2).
- Severe left atrial enlargement.
- Mild degeneration of the tricuspid valve.
- Mild evidence of pulmonary hypertension.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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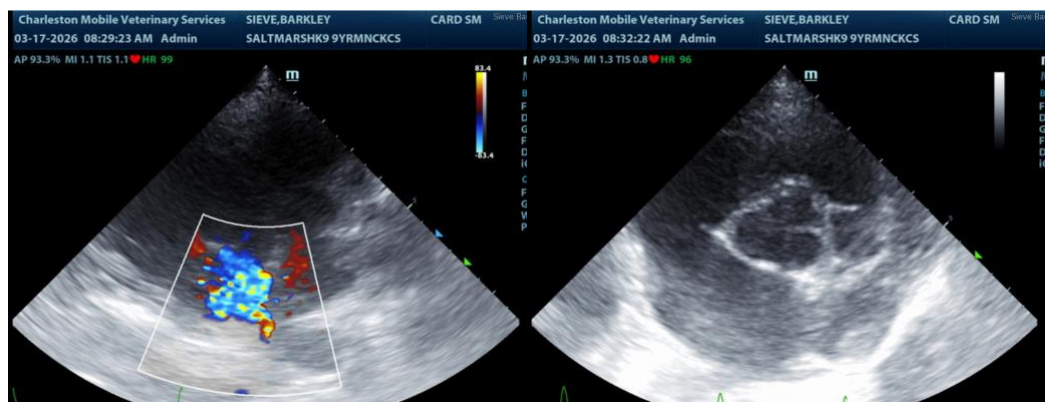
03/17/26

The patient continues to have degenerative valve disease, ACVIM stage B2 and appears compensated at this time. There has been progression in the cardiac size since the previous evaluation performed and the left atrium is now severely enlarged. There has also been progression when comparing the previous ventricular dimensions. Pimobendan therapy should be continued. Could consider initiating ACE inhibition with enalapril versus benazepril at a dose of 0.5 mg/kg once or twice daily. 2-3 weeks after starting ACE inhibitors, recheck kidney values are recommended.

Elective anesthetic procedures are ideally avoided due to the increased risk and the severity of the left atrial size. If needed though, 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.

Recommend also continuing to monitor the blood pressure. 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 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.

Recheck echo is recommended in 6 months, sooner if the patient is developing cardiovascular clinical signs.



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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