



PATIENT

Chief Joyner

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

8 Years

WEIGHT

66.6 Pounds

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Midway AC

REFERRING VET

Dr. Haley

INVOICE

36275

DATE

3/17/26

PRESENTING CLINICAL SIGNS

History: P presented for Comp Echo due to murmur and arrhythmia heard at one visit

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	--	1.43	1.53	42.22	--	--
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	--	1.0	1.22	30.27	4.3	4.5	2.6

ECG Interpretation

Sinus rhythm

Cardiac Presentation

The mitral valve leaflets appear normal, but there is evidence of mitral regurgitation. There's no prolapse of mitral valve leaflets. Left atrial size is at the upper limits of normal on short axis dimensions. Left ventricular dimensions are within normal limits and systolic function appears preserved in the face of mitral regurgitation. There's normal right atrial size without evidence of tricuspid regurgitation. No prolapse of tricuspid valve leaflets and no evidence of pulmonary hypertension based upon the images provided. Subjectively, the right ventricle appears normal in structure and function. Aortic and pulmonic valves have normal morphology with normal corresponding outflow velocities. There's no evidence of pulmonic or aortic insufficiency. Aorta appears normal. Pulmonary arteries associated branches appear normal. No evidence of pleural effusion, pericardial effusion or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Mild mitral regurgitation
- Left atrium upper limits of normal



PATIENT

- Sinus rhythm

Chief Joyner

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

The patient has some mitral regurgitation. This may represent some mild degenerative changes; however, the valve does not appear to be overtly thickened. An arrhythmia is not identified during this evaluation, however, given the breed and the patient's age, a Holter monitor is recommended. No cardiac therapies are recommended at this time, but serial monitoring should be performed. Recheck echo in 6 months due to the left atrium being at the upper limits of normal.

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If elective anesthetic procedures are needed, pending Holter monitor, they 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.

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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.

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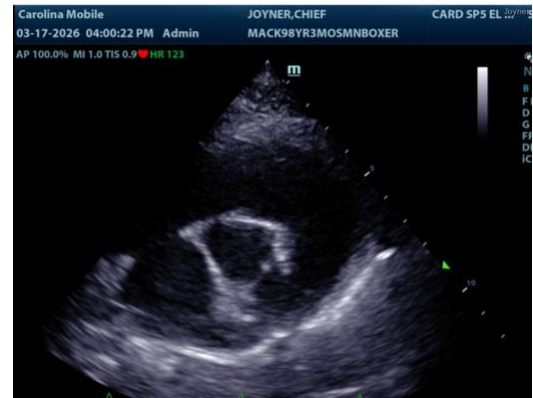
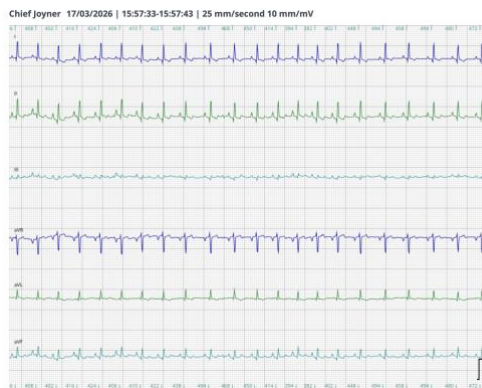
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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