



PATIENT

Lolo Duran

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Neutered Male

AGE

9 Years

WEIGHT

22.90 Pounds

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Echo Hollow VH

REFERRING VET

Dr. Sweitzer

INVOICE

36278

DATE

3/17/26

PRESENTING CLINICAL SIGNS

- HR/RR/BP: Temp- 102.80. HR-160
- Is there a Heart Murmur? If so, please grade: Heart Murmur - Left 4/6

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	7.37	--	--	1.5	29.16	--	0.14
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	1.37	1.08	10.4	3.05	2.4	1.7

Blood pressures: pre-hypertensive to mildly hypertense

ECG Interpretation

Normal sinus rhythm

Cardiac Presentation

The mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is no prolapse of the mitral valve leaflets. The left atrial size is 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 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

- Degenerative valve disease, ACVIM stage B1



PATIENT

Lolo Duran

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Neutered Male

AGE

9 Years

WEIGHT

22.90 Pounds

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Echo Hollow VH

REFERRING VET

Dr. Sweitzer

INVOICE

36278

DATE

3/17/26

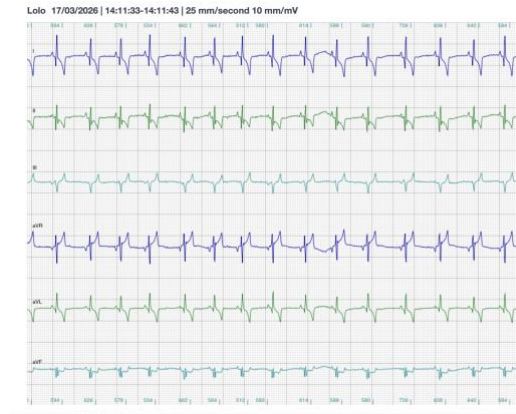
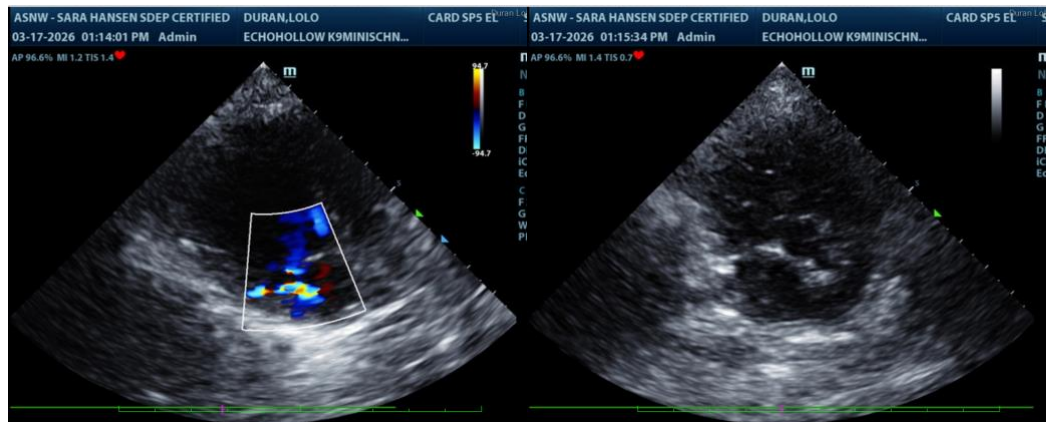
- Left atrial size upper limits of normal
- Pre-hypertense
- Increased mitral regurgitant velocities
- Normal sinus rhythm

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has degenerative valve disease ACVIM stage B1 and no cardiac medications are indicated at this time. Since this can be a progressive condition, serial monitoring is recommended. A recheck echocardiogram is recommended in 6 months due to left atrium being at the upper limits of normal. 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.

Recommend rechecking blood pressure again in 2-3 weeks. If the blood pressure remains persistently increased, recommend following ACVM guidelines for systemic hypertension.

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.





PATIENT

Lolo Duran

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Neutered Male

AGE

9 Years

WEIGHT

22.90 Pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

Echo Hollow VH

REFERRING VET

Dr. Sweitzer

INVOICE

36278

DATE

3/17/26

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