



PATIENT

Toaster McNamara

SPECIES

Canine

BREED

Pomeranian X

SEX

Neutered Male

AGE

8 Years

WEIGHT

8.6 Pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Echo Hollow VH

REFERRING VET

Dr. Sweitzer

INVOICE

36283

DATE

3/17/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:

- Sternal 1/6 murmur, mild arrhythmia suspect due to stress in hospital. Ausculted after radiographs with resolved arrhythmia and murmur much harder to note.

ABNORMAL Labwork Values:

- CBC: Mild thrombocytosis (474) with mild reticulocytosis, all others WNL
- Chem: Mild hyperglycemia (113) likely stress in hospital, all others WNL
- T4: WNL (1.9)

Is there a Heart Murmur? If so, please grade:

- Sternal 1/6 murmur, mild arrhythmia suspect due to stress in hospital. Ausculted after radiographs with resolved arrhythmia and murmur much harder to note.

Current Medications:

- NexGard and Proheart 12

Radiographic Findings:

- VHS 10.5, mild backpack sign. WNL thoracic vasculature and opacity. Trachea shows no evidence of narrowing.

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	--	--	1.11	1.34	44.5	--	0.16
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

PATIENT	NM	1.33	1.11	3.9	2.04	2.0	1.11
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Toaster McNamara

Blood pressures are elevated.

SPECIES

ECG Interpretation

Canine

Sinus rhythm with evidence of occasional atrial premature complexes.

BREED

Cardiac Presentation

Pomeranian X

The mitral valve leaflets are normal and there is no mitral regurgitation. There is no prolapse of the mitral valve leaflets. The left atrial size is normal. Left ventricular systolic and diastolic function is within normal limits. There is normal right atrial size without evidence of tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension on today's evaluation. 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.

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ULTRASONOGRAPHIC FINDINGS

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- Structurally normal heart
- Occasional atrial premature complexes
- Elevated blood pressure

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Sara Hansen

The patient has occasional atrial premature complexes, which can be seen with stress and anxiety. Other conditions such as systemic diseases, infectious diseases, inflammatory conditions, all of which can cause them in the absence of clinical signs and structural heart disease. Can consider monitoring and rechecking an ECG in about 4-6 months. Alternatively, to be cautious, could consider a Holter monitor. A cause for the heart murmur is not identified on the echocardiographic images provided. The patient's blood pressure is increased though, and I would recommend monitoring the blood pressure and following ACVM guidelines for systemic hypertension for monitoring, and then possible therapy. If the murmur persists, a recheck echo would be recommended in 10 -12 months.

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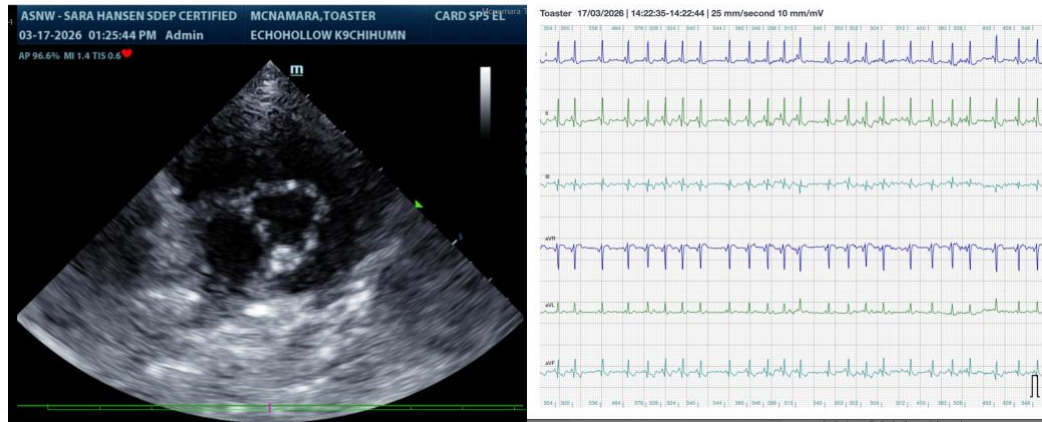
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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