

PATIENT

Cooper Whittaker

SPECIES

Canine

BREED

Terrier

SEX

Neutered Male

AGE

7 Years

WEIGHT

14.2 pounds

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Animal Care Center

REFERRING VET

Dr. Harbord

INVOICE

14421

DATE

03/18/26

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings: left systolic heart murmur- 4/6, pulses strong and synchronous. Normal BV sounds bilaterally
- ABNORMAL Labwork Values: 3/26/25 (Treasure valley): CBC: Hematocrit 61.9 (37.3-61.7), hemoglobin 21.7 (13.1-20.5), platelets 125 (148-484), PDW ** (9.1-17.4), MPV 17.8 (8.7-13.2). CHEM: WNL
- For ECHO Only: Blood Pressure: Will obtain today prior to echo
- HR/RR/BP: 134/36
- Is there a Heart Murmur? If so, please grade: 4/6

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

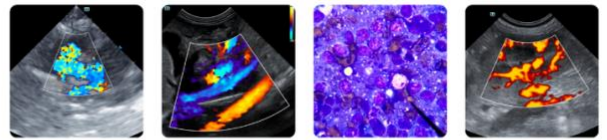
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	~7.0	--	NM	--	61.76	--	0.16
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA 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	NM	1.6	1.25	6.45	3.3	3.4	1.3

Cardiac Presentation

The mitral valve leaflets are moderately thickened with moderate mitral regurgitation posteriorly directed. There is billowing of the mitral valve leaflets. The left atrial size is mildly increased primarily on long access assessment. 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 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.

ECG

Normal sinus rhythm.



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ULTRASONOGRAPHIC FINDINGS

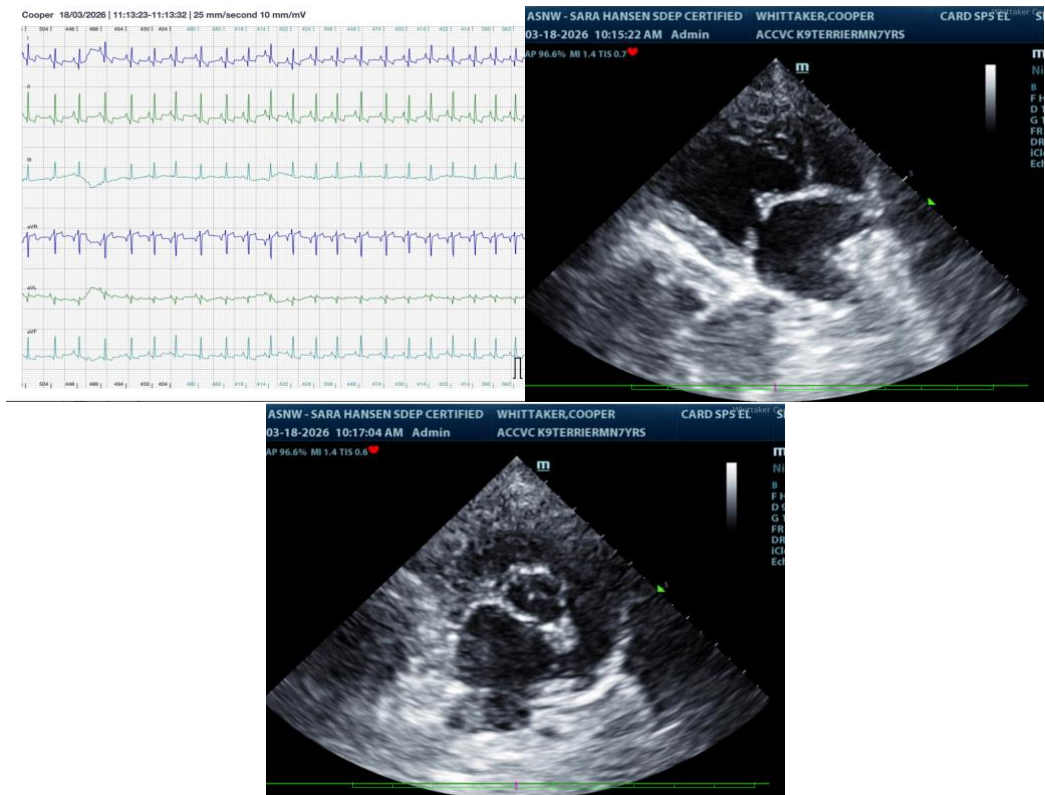
- Degenerative valve disease ACVIM stage B2.
- Normal sinus rhythm.

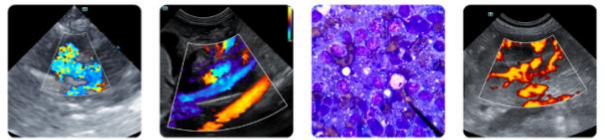
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has degenerative valve disease ACVIM stage B2 and Pimobendan therapy at 0.27-0.32mg/kg PO q12 is recommended. This will be a lifelong therapy. A recheck echocardiogram is recommended in 4-6 months to monitor the condition since starting Pimobendan. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmur is worsening in intensity. 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.

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.

There has been progression when compared to the previous evaluation performed. Overall, while the patient is at a mildly increased risk for elective anesthetic procedures, the anesthesia should be still tolerated. However, I recommend the patient be on Pimobendan for at least one to three weeks prior to elective anesthetic procedures.





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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.

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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.

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