

**PATIENT PRESENTING CLINICAL SIGNS**

Katie Menich

- New grade 2 heart Murmur left sided
- Current Medications: Metacam 18kg dose

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Values CBC: RETIC 155.0 (10.0 - 110.0), LYM 0.74 (1.05 - 5.10), MPV 14.1 (8.7 - 13.2) CHEM: ALT 242 (10 - 125), ALKP 1003 (23 - 212), GGT 11 (0 - 11)  
Primary Question to Be Answered in This Exam surgery risk?

**BREED**

Poodle

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

19.5 kg

**INTERPRETED BY**

Sara Brethel DVM,  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Buck Animal Hospital

**REFERRING VET**

Dr. Calvise

**INVOICE**

14420

**DATE**

03/18/26

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	5.33		OE	1.42--	34.76	--	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	169	1.7	1.17	19.5	3.8	3.25	2.12

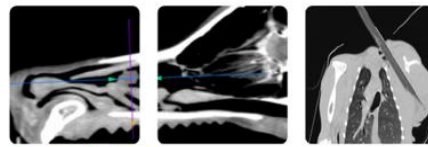
**Cardiac Presentation**

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 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.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



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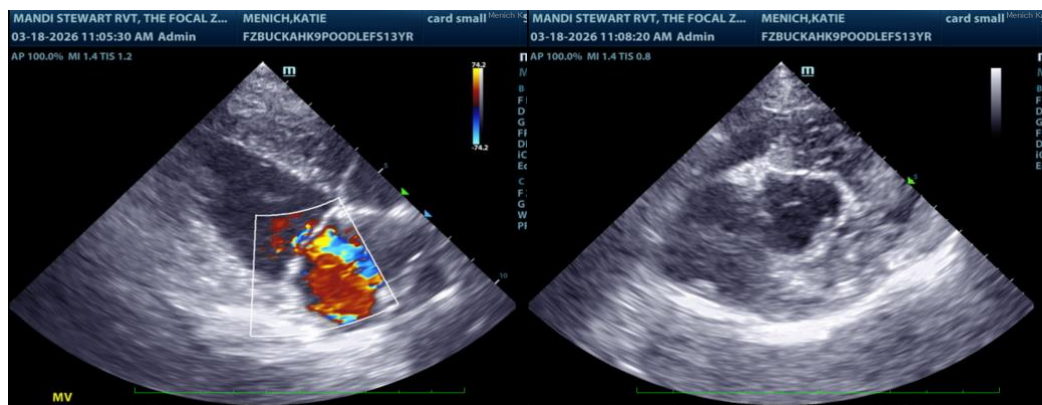
**REFERRING VET**

Dr. Calvise

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. 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.

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.

Sedatives or anti-anxiety therapies are recommended in the future as this will help one, with patient compliance and patient comfort but also the ability to obtain the most accurate images possible. Therapies such as utilizing gabapentin and/or trazodone and injectable therapies such as butorphanol often worked well for these patients.



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](mailto:info@SonoPath.com)

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