



**PATIENT**

Remmington Asher

**SPECIES**

Canine

**BREED**

Labrador X

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

67 Pounds

**INTERPRETED BY**

Sara Brethel DVM,  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Animal Care Center

**REFERRING VET**

Dr. Harbord

**INVOICE**

36287

**DATE**

3/18/26

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings:

- Newly noted HM 3/6 on 3/11/2026
- 1. episodes of seizure type activity vs syncope (neuro reaction to Librela?)
  - - excessive excitement, last about 5-10 seconds is all, and she comes back quickly. Full body tremors. will get so excited and then fall and seize.
- 2. bloating concerns
  - -Per Asher House seemingly bloated abdomen after eating even after resting for 2+ hours. She went to ER a few months back for bloat, where they found bones in her tummy.

ABNORMAL Labwork Values:

- 3/2026 Senior Profile nsf
- 10/2025 @ ER - AMYL 416 (500-1500)
- 8/2025 @ ACC - AMYL 440 (500 - 1500) LIPA 2068 (200 - 1800)
- For ECHO Only: Blood Pressure
- #5 cuff RF - Average: 122/77 (94)
- HR/RR/BP:
- 78/20/122

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

- 3/6

Current Medications:

- Gabapentin 600mg BID, Incurin 0.5mg EOD, Proin 50mg BID, Carprofen 50mg BID, Adequan Injection: 1.2mL SQ SIM - next due: 3/11, Librela injection monthly next due 3/18

Radiographic Findings and assessment:

- The cardiac shadow measures within normal limits in global size for a Labrador although it appears rounded, which may reflect mild remodeling.



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- The acquired murmur may reflect acquired valvular heart disease or dilated cardiomyopathy.
- There is no radiographic evidence of decompensation.
- The patient is normotensive.
- Pending laboratory test noted.
- The etiology of the reported episodes is not determined.

Notes to Specialist (if any):

- Planning for COHAT w/ mass removal pending results

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

<b>CANINE CARDIAC PARAMETERS</b>	<b>MR VMAX</b> (m/s)	<b>TR VMAX</b> (m/s)	<b>LA/AO</b> (M-Mode)	<b>LA/AO</b> (Heart Base; Swe)	<b>FS</b> (%)	<b>EF</b> (%)	<b>EPSS</b> (cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
<b>PATIENT</b>	6.35	--	1.16	1.48	28.72	--	NM
<b>CANINE CARDIAC PARAMETERS</b>	<b>HR</b> (BPM)	<b>AV VMAX</b> (m/s)	<b>PV MAX</b> (m/s)	<b>BODY WEIGHT</b> (kg)	<b>LAD</b> LA MAX 4 Chamber	<b>LVIDd</b> Avg; 2D and m-mode short axis (cm)	<b>LVIDs</b> Avg; 2D and m-mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	--	1.01	0.8	30.45	5.22	4.77	3.4

**ECG Interpretation**

Sinus rhythm with a pronounced sinus arrhythmia.

**Cardiac Presentation**

The mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is no prolapse of the mitral valve leaflets. Left atrial size is mildly increased on long axis assessment. Left ventricular dimensions during diastole are normal but meet EPIC criteria, 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



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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**

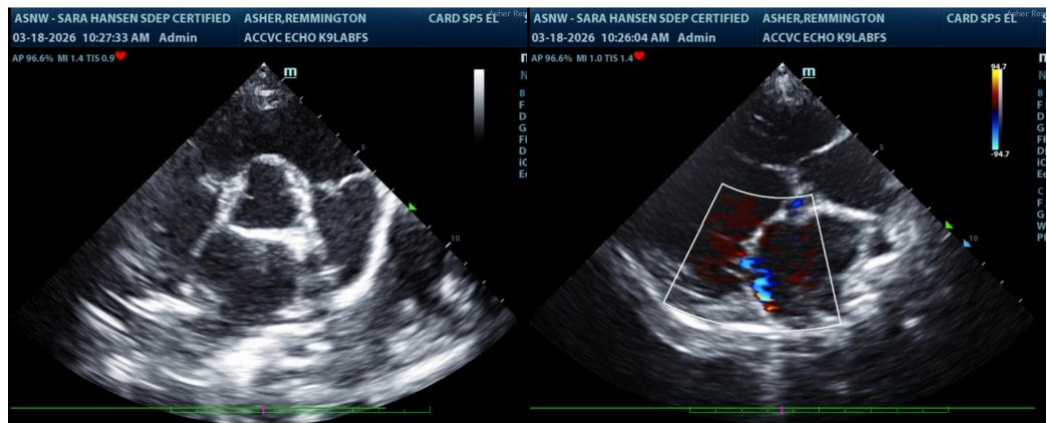
- Degenerative valve disease, ACVIM B-2
- Left atrial enlargement on long axis

**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.

The reported blood pressure is within normal limits. Recommend the patient be on pimobendan for at least 1-3 weeks prior to elective anesthetic procedures. Judicious perioperative fluids are recommended due to the increased left atrial size. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. If needed, anticholinergics can be used in the face 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.

From the patient's images and ECG, the episode of excitement and then collapse does not appear to be primarily cardiac in nature, and further investigation into an underlying cause is recommended. Can also consider a Holter monitor for this patient.





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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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