

PATIENT

Roo Sternadel

SPECIES

Canine

BREED

Border Collie

SEX

Neutered Male

AGE

12 Years

WEIGHT

47.5 pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings: Heart Murmur. Hx Azotemia - stable weight and values
- HR/RR/BP: 90/30/NA
- Is there a Heart Murmur? If so, please grade: Heart murmur grade 5.
- Current Medications: Enalapril 20 mg - 1/2 tab BID, Vetmedin 10.0 mg - 1/2 chew BID

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	6.0	--	1.16	1.45	47.22	--	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		1.09	1.13	21.59	4.34	3.6	1.9

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside Animal Clinic

REFERRING VET

Dr. Heider

INVOICE

14430

DATE

03/18/26

Cardiac Presentation

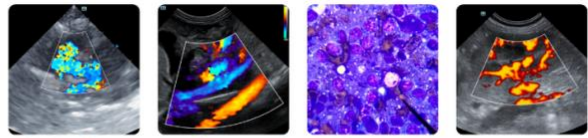
The mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is no prolapse of the mitral valve leaflets. The left atrial size is mildly increased on long access. Left ventricular internal dimensions during diastole are within normal limits and systolic function 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 B2.
- Left atrium at the upper limits of normal to mildly increased on long access assessment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has degenerative valve disease ACVIM stage B2. Since starting medication therapy, there



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has been improvement in overall cardiac size, primarily the left atrial size. No changes to the medications are recommended at this time and a recheck examination can be performed in 10 to 12 months, sooner if the patient is developing cardiovascular clinical signs.

SPECIES

Canine

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.

BREED

Border Collie

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.

SEX

Neutered Male

If anesthesia is needed, the patient should be an adequate candidate. 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.

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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)

INVOICE

info@SonoPath.com

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