



PATIENT

Asher Lewis

SPECIES

Canine

BREED

Heeler Mix

SEX

Neutered Male

AGE

3.5 Years

WEIGHT

25.6 pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME

JM Pet Resort &
Veterinary Clinic

REFERRING VET

Dr. Sorbo

INVOICE

14459

DATE

03/19/26

PRESENTING CLINICAL SIGNS

- V/VI systolic murmur, PMI LHB. Historical HW positive, but negative with us. Incidental MVI seen on screening in room.

Abnormal PE/Chem/CBC/UA Results: BP 122mmHg on doppler.

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 | UE | -- | NM | 1.61 | 40.63 | | 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 | NM | ~1.3 | ~0.8 | 11.63 | 2.9 | 3.2 | 1.9 |

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 at the upper limits of normal to mildly increased on short access images. 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

- Mitral valve thickening.
- Mitral regurgitation.
- Left atrium at the upper limits of normal to mildly increased.



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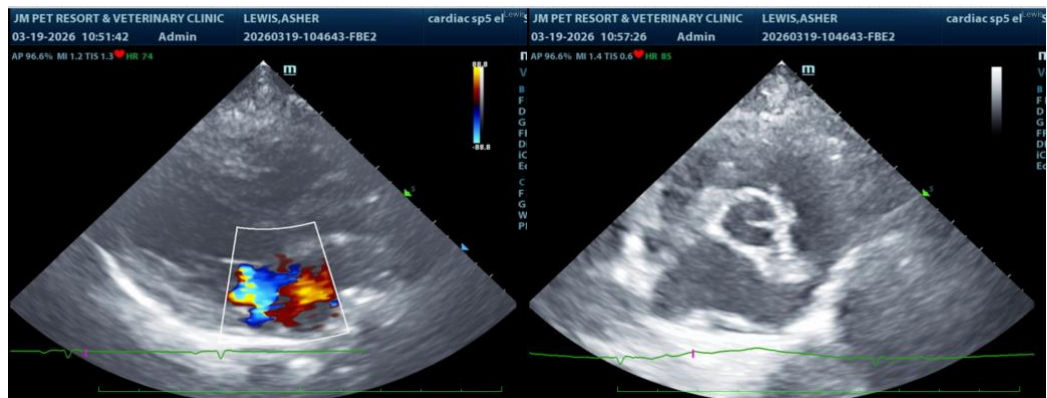
03/19/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's age, an aspect of mitral valve dysplasia cannot be ruled out. However, the changes identified can also be seen with degenerative valve disease. Regardless of the official diagnosis, no cardiac therapies are recommended, but the left atrium is at the upper limits of normal to mildly increased, and serial monitoring is recommended with a recheck echo in six months. No other congenital defects were identified on the images provided, and there's no evidence of significant pulmonary hypertension on the images provided.

If the patient requires anesthesia, I do think that they would 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.

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.



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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