



PATIENT

Ella Carboni

SPECIES

Canine

BREED

West Highland Terrier

SEX

Spayed Female

AGE

13 Years

WEIGHT

14.2 Pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Ryan Leal

HOSPITAL NAME

Wellesley AH

REFERRING VET

Dr. Rachel Bunn

INVOICE

36336

DATE

3/23/26

PRESENTING CLINICAL SIGNS

- Pt presents for increased RR/RE. Breathing issues for 1-2 months with progressive exercise intolerance. Gets out of breath and is lethargic. Pt has gained 0.5 pounds in the last month.
- Medications & doses: pred, cyclosporine, metronidazole Tacrolimus eye drops
- Diet: HP
- Problem List: Increased RR/RE (concern for pulmonary fibrosis), New heart murmur (1/6 left holosystolic).
- Inflammatory Bowel Disease (IBD)/lymphactasia - stable-managed with VRCC; Early biliary Mucocele - stable, reported to be smaller on recent ultrasound; Atopic Dermatitis - managed; Suspect Sebaceous Adenoma dorsum, Periodontal Disease; KCS
- Abnormal PE/Chem/CBC/UA Results: PE: BCS 6/9, diffuse scaling skin but soft thin coat, 1/ 6 left parasystolic murmur, moderate dental dz, Prominent crackles all lung fields, nuclear sclerosis OU, adenoma on dorsum January 2026 4dx negative CBC platelets of 532,000 and monocytes of 1024, remainder WNL Serum chemistries improved, but moderately increased ALP of 524 IU/L (previously 591 IU/L) and increased triglycerides of 670 mg/dL, remainder WNL AUS January 2026 (performed at referral hospital): multiple GI related findings with: Gall bladder contained a moderate amount of gravity dependent, hyperechoic non-shadowing debris. Hypoechoic, non-gravity dependent structures (3-5 mm in thickness) with hyperechoic projections (perpendicular to gall bladder wall) were evident cranial aspect of the gall bladder wall.

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	Underest	--	NM	2.18	40.66	--	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	--	~1.5	~1.0	6.45	2.9	3.0	1.78



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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 severely increased. Left ventricular dimensions 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 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 B-2
- Severe left atrial enlargement

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. The reported blood pressures are within normal limits.

The cause of the patient's primary increased resting respiratory rate and respiratory effort does not necessarily appear to be primarily cardiac as long as there is no evidence of cardiogenic pulmonary edema on chest radiographs (it was noted that the radiographs were attached however none were provided). Recommend continued investigation into patient's clinical signs but pimobendan (Vetmedin) therapy is indicated at this time.



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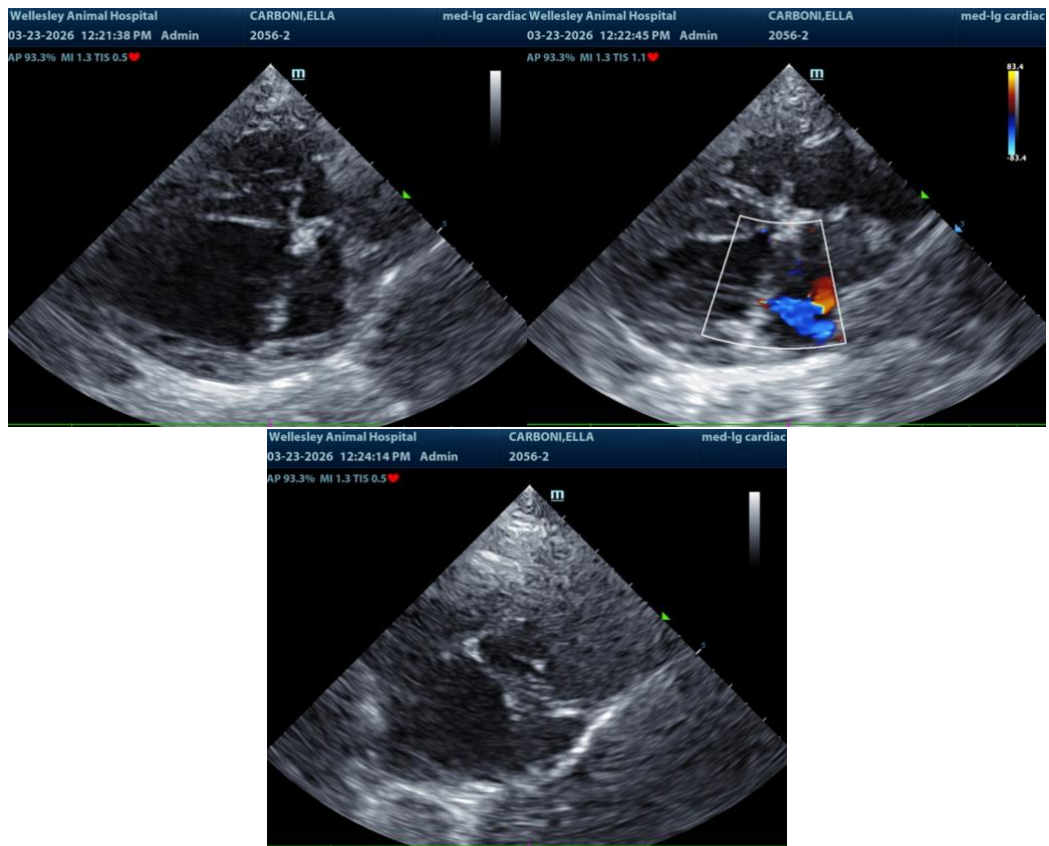
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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