



PATIENT

Nutella Nates Honor
Animal Rescue

SPECIES

Canine

BREED

Lab Mix

SEX

Male

AGE

7 Weeks

WEIGHT

10 pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Julia Bakker DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Dr. Michaela Oglesby
DVM

INVOICE

14555

DATE

03/23/26

PRESENTING CLINICAL SIGNS

- All siblings of this pet have died suddenly, this is the last surviving puppy
- He appears robust and to be thriving with weight gain
- Previous necropsies suspicious of parvoviral myositis resulting in DCM in siblings.
- Preventative screening for this puppy - no present murmur or arrhythmia

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	--	--	OE	1.3	10.58	23.96	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	1.35	1.29	4.54	2.5	3.09	2.77

Cardiac Presentation

The mitral valve leaflets are normal with no mitral regurgitation centrally directed. There is no prolapse of mitral valve leaflets. The left atrial size is normal. LV internal dimensions during diastole are increased and systolic function is decreased in the face of mitral regurgitation. The left ventricle is hypodynamic with thinning of the left ventricular walls. There is normal right atrial size without evidence of tricuspid regurgitation. The tricuspid valve leaflets are normal. There is no evidence of pulmonary hypertension on this evaluation. The right ventricle appears to have preserved systolic function subjectively. The aortic and pulmonic valves had normal morphology and the corresponding outflow velocities were within normal limits. There was 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. Right peri-sternal short access images reveal a region of diastolic flow with the origin unknown.

ULTRASONOGRAPHIC FINDINGS

- Dilated cardiomyopathy phenotype.
- Normal left atrial size.
- Diastolic flow on the right peri-sternal short access images.



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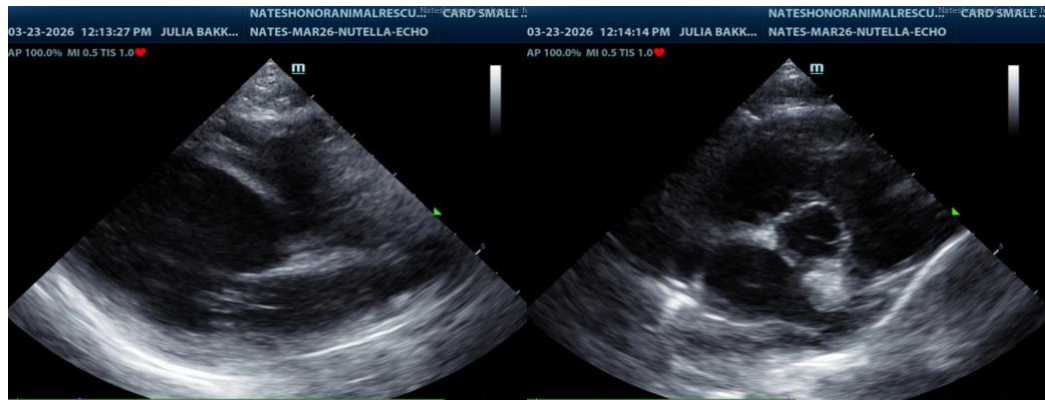
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has a dilated cardiomyopathy phenotype. With the history, there is concern for parvovirus as a cause resulting in a DCM phenotype. Other differentials include other infectious diseases such as Chagas or other flea and tick-borne diseases. Congenital defects cannot be ruled out. To obtain more information and clarity on the patient's overall prognosis, I would encourage referral to a veterinary cardiologist to rule out other congenital defects especially in the presence of the diastolic flow on the right peri-sternal, long access images. If not moving forward with referral, I would start Vetmedin in this patient and a dose of 0.27 to 0.32 mg/kg, twice daily, weighing the patient every two weeks and adjusting the dose as needed. If not moving forward with referral, recheck in two to four months to reassess the heart at that time and consider a Holter monitor as well, long term.



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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