

PATIENT

Bandit Merced

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

16 Years

WEIGHT

4.75 pounds

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Shelton

INVOICE

14606

DATE

03/25/26

PRESENTING CLINICAL SIGNS

Previous Echo performed ~1 year ago, Stage B1 mitral valve disease
 Recent visit to emergency clinic for lethargy, increase respiratory rate and non-specific GI signs showed Grade 3/6 left sided heart murmur along with remodeling of heart on radiographs, no evidence of heart failure

ABNORMAL Labwork Values: History of elevated BUN and ALT
 For ECHO Only: Blood Pressure: to be done when patient is dropped off

Is there a Heart Murmur? If so, please grade: 4/6 left sided murmur
 Current Medications: Pimobendan

Radiographic Findings: "backpack sign" on view

Notes to Specialist (if any): Note anesthetic protocols in case of future procedures. Note medication recommendations if any needed to be added

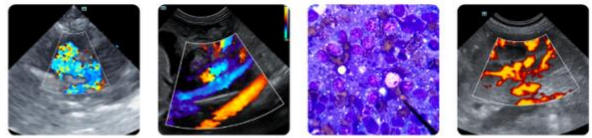
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	5.76	--	1.0	1.42	60	--	0.14
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (lbs)	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	0.95	1.14	4.75	1.7	2.0	0.8

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 normal. Left ventricular internal dimensions during diastole are within normal limits and systolic function is preserved in the face of mitral regurgitation. There appears to be left ventricular pseudohypertrophy of the left ventricular walls. 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.

ECG



PATIENT

Normal sinus rhythm.

Bandit Merced

ULTRASONOGRAPHIC FINDINGS

SPECIES

- Degenerative valve disease ACVIM stage B1.
- Pseudohypertrophy and hyperechoic left ventricular walls.
- Normal sinus rhythm.

Canine

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chihuahua Mix

The patient continues to have degenerative valve disease stage B1 with normal left atrial size. Left ventricular dimensions are not enlarged. Left ventricular walls measure pseudohypertrophied, a.k.a. they appear hypertrophied but measure within normal limits and the walls also appear hyperechoic. With the history of elevated BUN, I would recommend ensuring that the patient is normotensive and that there are no signs of systemic hypertension or target organ damage.

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It does not appear that Pimobendan therapy is indicated at this time, and the increased breathing rates do not appear to be primarily cardiac. I would consider rechecking the patient in about six months after stopping the Pimobendan to ensure enlargement is not noted as long as the patient is normotensive. I think the patient is an adequate candidate for elective anesthetic procedures from a cardiac perspective. Standard perioperative fluid rates should be well-tolerated. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. Anticholinergics can be used in the case 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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If the patient does end up having systemic hypertension, I recommend following ACVIM guidelines.

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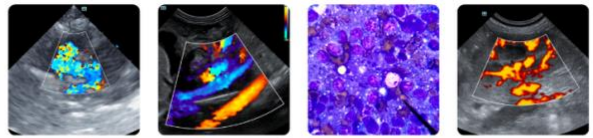
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

DATE

03/25/26

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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info@SonoPath.com

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