

PATIENT

Bonnie Vowles

SPECIES

Canine

BREED

Min Poodle

SEX

Spayed Female

AGE

8 Years

WEIGHT

8.4 kg

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Main Street AH

REFERRING VET

Dr. Veysey

INVOICE

36372

DATE

3/25/26

PRESENTING CLINICAL SIGNS

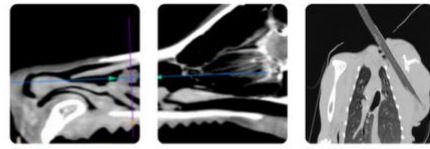
- Echocardiogram performed March 13/25 with the Focal Zone and diagnosed with Degenerative valve disease ACVIM Stage B2, started Pimobendan. Recheck ultrasound was recommended at 6-12 months
- Was examined March 17/26 for coughing/gagging last 2 days, auscultation of heart revealed grade IV/VI systolic heart murmur, almost palpable. (previously Grade II/VI). r/o tracheitis/tracheal bronchitis or worsening cardiac disease
- Current Medications: Vetmedin 2.5mg BID, Clavaseptin 250mg BID 7 days, Hydrocodone 2mg BID 3 days
- Echo report attached Primary Question to Be Answered in This Exam: Worsening cardiac disease? Additional medications needed?

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 | 5.9 | 3.39 | 1.72 | 1.5 | 43.32 | -- | 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 | 115 | 1.74 | 1.52 | 8.4 | 2.94 | 3.14 | 1.78 |

Cardiac Presentation

The mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is no prolapse of the mitral valve leaflet. The left atrial size is mildly increased. 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 with mild tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and mild 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 trace pulmonic and mild aortic insufficiency. The aorta



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appears normal. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

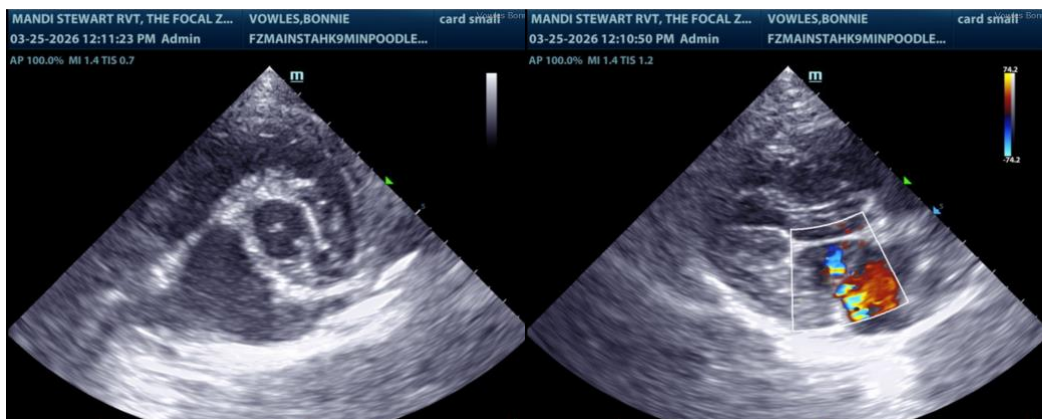
- Degenerative valve disease, stage B2
- Mild left atrial enlargement
- Mild degeneration of the tricuspid valve with mild pulmonary hypertension
- Trace pulmonic insufficiency
- Mild aortic insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient's dimensions have not changed significantly since the previous evaluation performed. I suspect the cause of coughing is not primarily cardiac in nature. I would recommend obtaining chest radiographs to further evaluate the lungs to identify a reason for the cough.

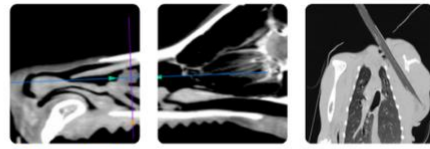
No change in cardiac therapies is recommended at this time. I recommend monitoring the patient's blood pressure. Recommend obtaining a blood pressure on the patient to ensure it is <160mmHg. If the blood pressure is elevated recommend following ACVIM guidelines for systemic hypertension and treating if indicated.

Recheck echo is recommended in another 6 - 12 months, sooner if additional cardiovascular clinical signs are developing and/or the murmur continues to worsen in intensity.



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.



PATIENT Sara Brethel DVM, DACVIM (Cardiology)

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