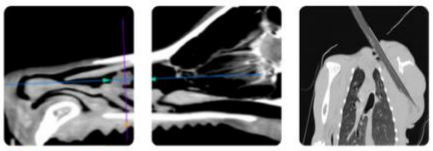

PATIENT

Cody Perusini

SPECIES

Canine

BREED

Cockapoo

SEX

Neutered Male

AGE

12 Years

WEIGHT

17.3 kg

INTERPRETED BY

Sara Brethel, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Nelson AH

REFERRING VET

Dr. Gallienne

INVOICE

36374

DATE

3/25/26

PRESENTING CLINICAL SIGNS

- Patient has a history of thrombocytopenia, PLN, hepatomegaly and Grade III cardiac murmur.
- Current Medications
- Telmisartan 40mg - Give HALF tablet by mouth once daily for proteinuria.
- Abnormal PE/Chem/CBC/UA Results: labs and rads attached.

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	5.94	--	--	1.42	34.42	--	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	68	1.73	1.28	17.3	3.2	3.66	2.4

ECG Interpretation

Sinus rhythm with a sinus arrhythmia.

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 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.

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ULTRASONOGRAPHIC FINDINGS

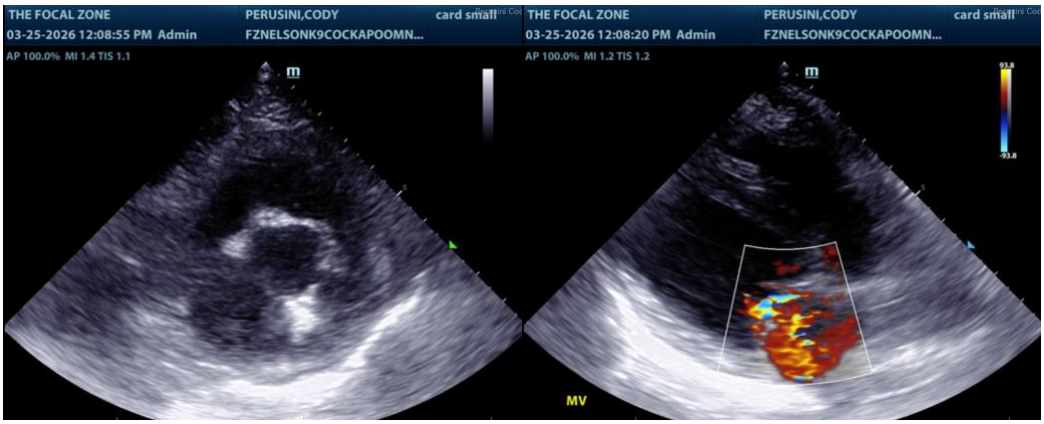
- Degenerative valve disease, ACVIM stage B1
- Bradycardia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient's heart rate is low normal and there is an exaggerated sinus arrhythmia. This likely represents increased vagal tone. If the patient does need anesthesia, I would recommend ensuring an atropine response test is normal.

- 0.04mg/kg atropine SQ, IM, or IV
    - SQ: wait 20-30 minutes for a response
    - Im: wait 15-20 minutes for a response
    - IV: keep the patient attached to ECG and response is seen within 5 minutes. There will be a reflex bradycardia after given IV
- Positive response: HR > 160-180

The patient has degenerative valve disease ACVIM stage B1 and no cardiac medications are indicated at this time. Since this can be a progressive condition, serial monitoring is recommended. A recheck echocardiogram is recommended in 6 months. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmur is worsening in intensity. Elective anesthetic procedures should be well tolerated. 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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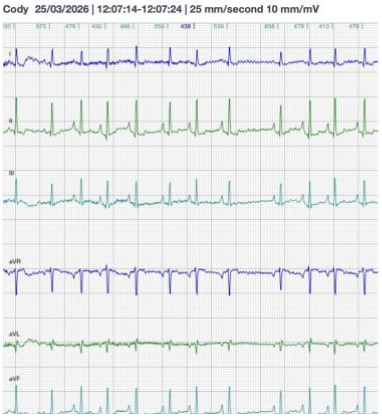

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com