



PATIENT

Mr. Jagger Sachs

SPECIES

Canine

BREED

Cavalier King Charles
Spaniel

SEX

Male

AGE

12 Years

WEIGHT

33 Pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

**IMAGING
PERFORMED BY**

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom VI

REFERRING VET

Stephen Romero, DVM

INVOICE

36077

DATE

3/3/26

PRESENTING CLINICAL SIGNS

- As of 12/30/2025 grade 3 heart murmur
- On pimobendan 5mg one tablet twice daily
- Previous echo 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	5.63	1.9	1.15	1.3	38.23	--	--
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	1.64	1.17	15	4.36	3.4	2.1

Cardiac Presentation

The mitral valve leaflets are mildly thickened with moderate mitral regurgitation posteriorly directed. There is moderate prolapse of the mitral valve leaflets. The left atrial size is mildly enlarged on long axis assessment. 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 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



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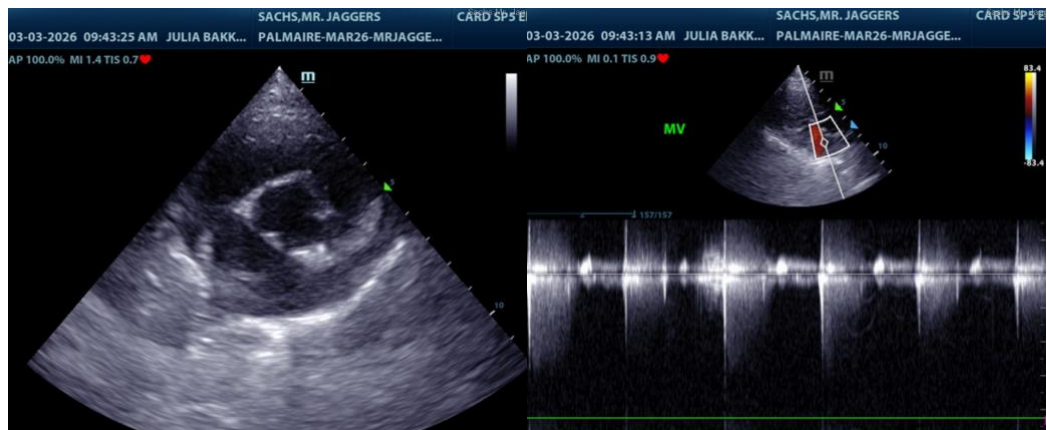
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient continues to have degenerative valve disease with mild left atrial enlargement on long axis assessment. There is overall improvement in left ventricular dimensions during diastole.

The rest of the measurements have remained stable. Recommend continuing the current dose of Pimobendan therapy and recheck in 9-12 months, sooner if the murmur is changing in intensity or the patient is developing cardiovascular clinical signs.

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.

Judicious perioperative fluids are recommended due to the increased left atrial size. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. If needed, anticholinergics can be used in the face 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.



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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