

PATIENT

Hollywood Mendonca

SPECIES

Canine

BREED

Yorkie X

SEX

Spayed Female

AGE

12 Years

WEIGHT

8.3 kg

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Holliday VH

REFERRING VET

Dr. Minardi

INVOICE

36441

DATE

3/30/26

PRESENTING CLINICAL SIGNS

- 1. Bacterial Cystitis with Struvite Crystalluria - The 3+ proteinuria is a concern for concurrent renal compromise. Differentials include underlying urolithiasis or, less likely, a bladder neoplasm.
- 2. Grade 4/6 Heart Murmur - This is a chronic finding. The associated clinical signs of coughing with excitement and exercise intolerance are concerning for progression of cardiac disease. Differentials for the underlying cause include degenerative valvular disease, cardiomyopathy or other.
- 3. Dental Disease
- 4. Multiple Cutaneous Masses - Multiple stable, wart-like masses are present.
- Current Medications
- Clavamox 250mg tablets prescribed on March 19/26
- Abnormal PE/Chem/CBC/UA Results: Urine results attached Primary Question to Be Answered in This Exam An echocardiogram with cardiologist was recommended to stage the heart disease and determine if medical management is indicated.

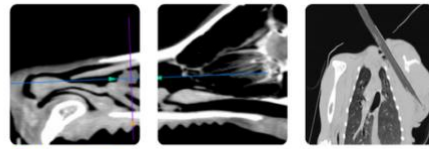
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

IVSd: 1.1, LVPWd: 0.87

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	Underest	--	1.6	1.42	61.48	--	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	177	2.89	1.55	8.3	2.54	2.7	1.04

Cardiac Presentation

The mitral valve leaflets appear mildly thickened and there is mild mitral regurgitation posteriorly directed. The velocities of the mitral regurgitation are increased. There is no prolapse of mitral valve



PATIENT

Hollywood Mendonca

SPECIES

Canine

BREED

Yorkie X

SEX

Spayed Female

AGE

12 Years

WEIGHT

8.3 kg

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Holliday VH

REFERRING VET

Dr. Minardi

INVOICE

36441

DATE

3/30/26

leaflets. The left atrial size is normal. The left ventricular walls appear hyperechoic and the interventricular septum measures equivocally hypertrophied. There is no eccentric left ventricular hypertrophy, and systolic function appears preserved in the face of mitral regurgitation. There is normal right atrial size without tricuspid regurgitation. There is no prolapse of tricuspid valve leaflets. No evidence of pulmonary hypertension. Subjectively, the right ventricle appears normal in structure and function. The pulmonic valves have normal morphology with normal corresponding outflow velocity. The aortic valve has normal morphology; however, aortic outflow velocities are mildly increased. There is no evidence of pulmonic or aortic insufficiency. The aorta appears normal. Pulmonary artery and associated branches appear normal. No evidence of pleural effusion, pericardial lesion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Mitral regurgitation
- Hyperechoic left ventricular muscles
- Equivocal concentric hypertrophy
- Normal left atrial size
- Mild left ventricular outflow tract obstruction

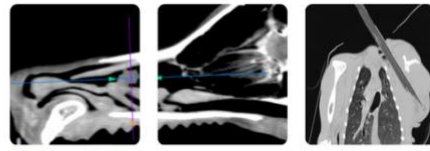
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient's murmur is a combination of mitral regurgitation and the aortic outflow velocities. Given the appearance of the left ventricle, there's concern for a hypertensive phenotype. I recommend ensuring the patient is normotensive.

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.

If the patient does have an elevated blood pressure, I recommend following ACVIM guidelines for systemic hypertension. Given the mild outflow tract obstruction, no cardiac therapies are recommended at this time. However, serial monitoring should be performed. Given the elevated aortic outflow velocities, a level of aortic versus subaortic stenosis cannot be ruled out. Therefore, any time there is a suspected infection, whether that be urinary, skin, etc., or prior to any elective anesthetic procedures, prophylactic antibiotics, i.e. Clavimox or Cefalexin, are recommended for procedures 3-5 days pre-op, perioperatively, and 3-5 days postoperatively.

Pending blood pressure assessment, a recheck echo is recommended in 6 months, sooner if the murmur is worsening in intensity, or the patient's developing cardiovascular clinical signs.



PATIENT

Hollywood Mendonca

SPECIES

Canine

BREED

Yorkie X

SEX

Spayed Female

AGE

12 Years

WEIGHT

8.3 kg

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

**IMAGING
PERFORMED BY**

Amanda Stewart

HOSPITAL NAME

Holliday VH

REFERRING VET

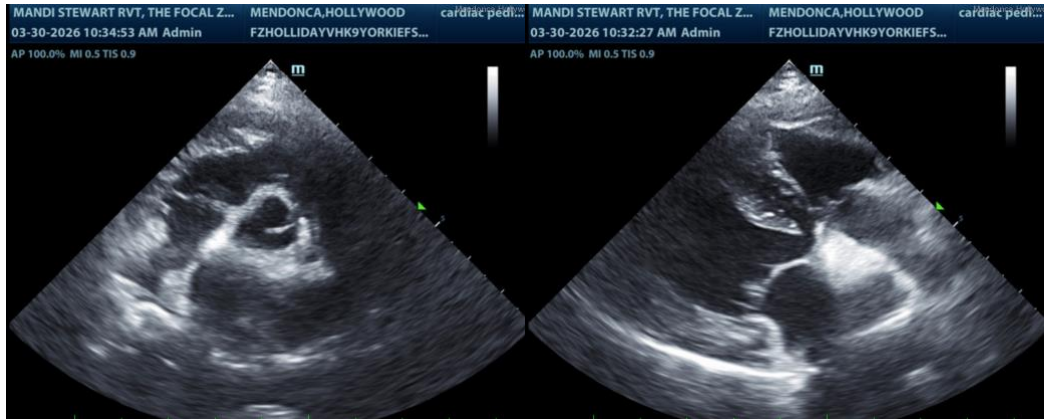
Dr. Minardi

INVOICE

36441

DATE

3/30/26



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