

**PATIENT**

Roxxann Sexton

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Intact Female

**AGE**

9 Years

**WEIGHT**

10.4 Pounds

**INTERPRETED BY**

Sara Brethel, DVM,  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

West Hills AH

**REFERRING VET**

Dr. Pospichal

**INVOICE**

36337

**DATE**

3/30/26

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings:

- No obvious arrhythmia or murmur appreciated on exam

ABNORMAL Labwork Values:

- Elevated ProBNP (1,578)

HR/RR/BP:

- HR:160, RR:40

Current Medications:

- Carprovet, Clindamycin

Primary question to be answered:

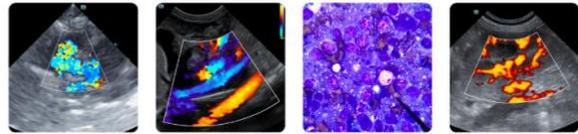
- Cause of elevation in ProBNP?

Blood pressure today:

- 130, 125, 130

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

<b>CANINE CARDIAC PARAMETERS</b>	<b>MR VMAX</b> (m/s)	<b>TR VMAX</b> (m/s)	<b>LA/AO</b> (M-Mode)	<b>LA/AO</b> (Heart Base; Swe)	<b>FS</b> (%)	<b>EF</b> (%)	<b>EPSS</b> (cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
<b>PATIENT</b>	~3.0		1.06	1.27	47.62	--	0.13
<b>CANINE CARDIAC PARAMETERS</b>	<b>HR</b> (BPM)	<b>AV VMAX</b> (m/s)	<b>PV MAX</b> (m/s)	<b>BODY WEIGHT</b> (kg)	<b>LAD</b> LA MAX 4 Chamber	<b>LVIDd</b> Avg; 2D and m-mode short axis (cm)	<b>LVIDs</b> Avg; 2D and m-mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	--	1.12	0.9	4.72	--	2.1	1.1



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**ECG Interpretation**

There is significant baseline artifact. From what is visible, the rhythm is sinus.

**Cardiac Presentation**

The mitral valve leaflets appear mildly thickened with trivial 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.

**ULTRASONOGRAPHIC FINDINGS**

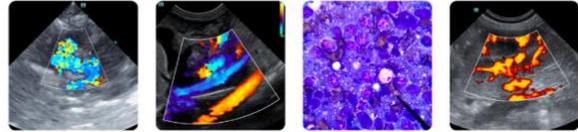
- Early degenerative changes
- Trivial mitral regurgitation
- No reported murmur

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient's elevated proBNP is likely due to early degenerative changes to the mitral valve, however, in the absence of a murmur, this diagnostic test is low yield at this time. I would recommend a recheck echo either in a year, or if the patient develops a heart murmur, sooner if cardiovascular signs develop, although this is considered less likely.

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.

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.



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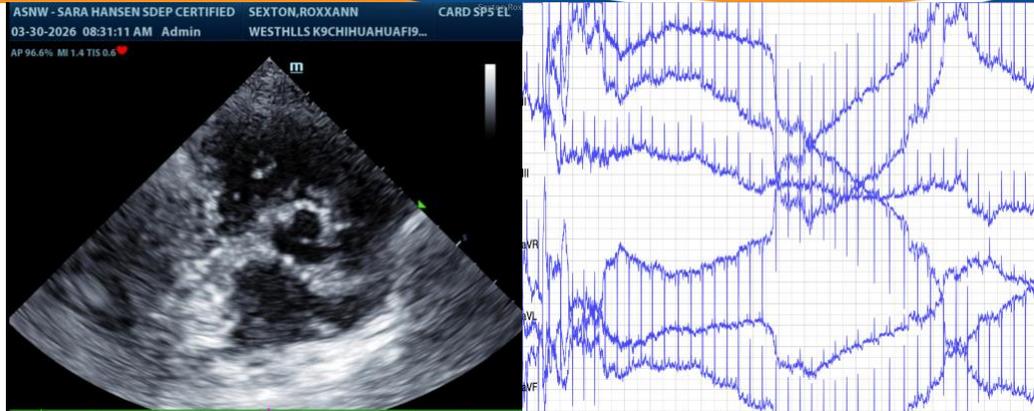
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)

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