

PATIENT

Sookie Taylor

SPECIES

Canine

BREED

Greyhound

SEX

Spayed Female

AGE

12 Years 7 Months

WEIGHT

66.2 pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Jenni Trudini
MRCVS, SDEP Cert
(abd)

HOSPITAL NAME

Fetch the Vet Mobile
Veterinary Practice

REFERRING VET

Dr. Jenni Trudini
MRCVS, SDEP Cert
(abd)

INVOICE

14765

DATE

03/30/26

PRESENTING CLINICAL SIGNS

- Patient recently noted to have a new Grade 2/6 systolic murmur, a mild cough that has developed and panting has increased.
- Patient receives meloxicam and gabapentin for O/A pain. Patient also receives pulse doses of Clindamycin for longstanding dental disease.
- Based on Hx, P/e and initial diagnostics, an echocardiogram was recommended.

PE: Grade 2/6 systolic murmur left side, femoral pulse quality is good, no missed beats. Normal sinus arrhythmia CBC: 61.5% (41-60), MCHC 38.2 (32.3-38) Biochem: unremarkable ProBNP: 2,741 (0-900) 4Dx: DECLINED T4: 0.4 (1-4)

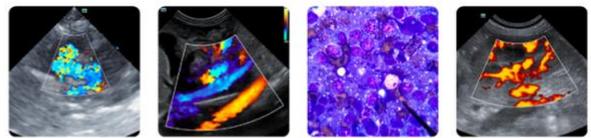
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	NM	--	NM	1.27	31.03	--	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	NM	1.2	~1.0	30.09	5.0	4.06	2.8

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 trivial aortic insufficiency with no evidence of 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



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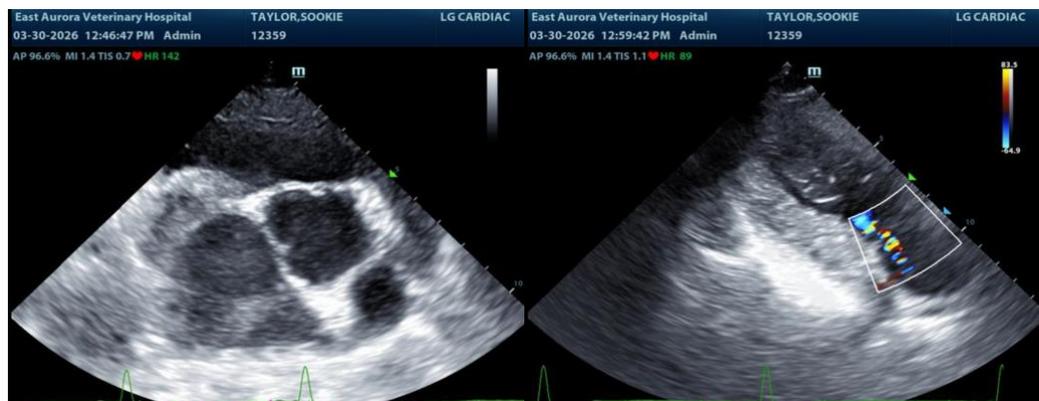
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- Degenerative valve disease ACVIM stage B1.
- Trivial aortic insufficiency.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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. 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. 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.



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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