

**PATIENT**

Joseph Webb

**SPECIES**

Canine

**BREED**

Spaniel Mix

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

19 Pounds

**INTERPRETED BY**

Sara Brethel, DVM,  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Julia Bakker, DVM

**HOSPITAL NAME**

Orange Blossom VI

**REFERRING VET**

Bruce McLaughlin,  
DVM

**INVOICE**

36466

**DATE**

3/31/26

**PRESENTING CLINICAL SIGNS**

- P has a grade 4 out of 6 heart murmur, more right sided.
- Pet is on Lasix 12.5mg Giving 2 tablets by mouth three times daily, and p is also on Vetmedin 5mg Giving 1/2 tablet by mouth every 12 hours

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

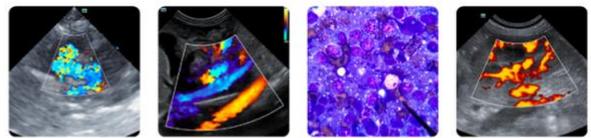
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
<b>PATIENT</b>	5.96	--	2.16	1.4	43	--	--
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA MAX 4 Chamber	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	NM	1.67	0.67	8.63	4.45	3.86	2.2

**Chest Radiographic Interpretation**

There is concern for cardiogenic pulmonary edema. There is severe left atrial enlargement. The pulmonary vasculature is enlarged.

**Cardiac Presentation**

The mitral valve leaflets are moderately thickened with moderate mitral regurgitation posteriorly directed. There is moderate prolapse of the mitral valve leaflets. The left atrial size is severely increased. Left ventricular internal dimensions during diastole are increased 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

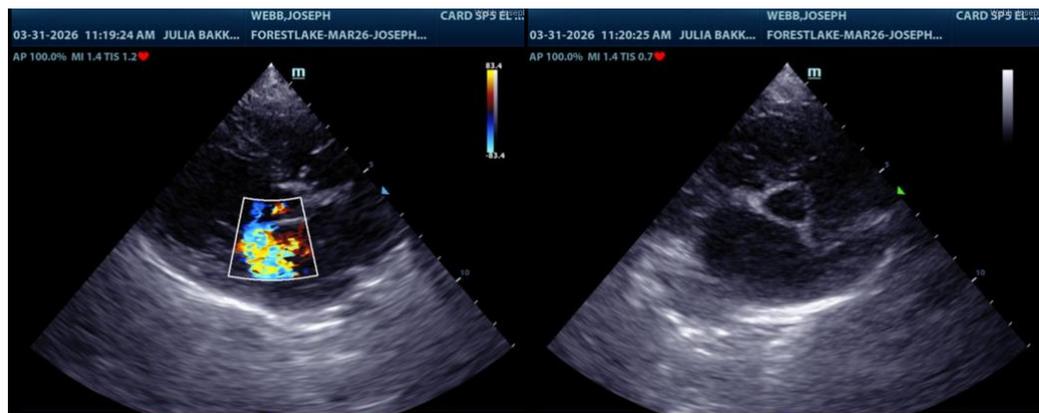
- Degenerative valve disease, ACVIM stage C
- Severe left atrial enlargement

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

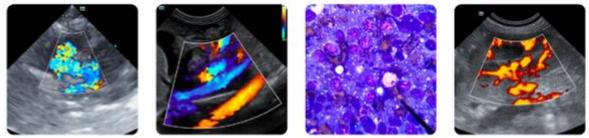
There are no reported signs of congestive heart failure in the history, however, based on the chest radiographs and the echo findings, the patient appears to have degenerative valve disease, ACVIM stage C. Furosemide and pimobendan therapy is recommended. Furosemide at a starting dose of 2mg/kg twice daily is recommended. The patient is currently receiving a larger dose, and pending clinical signs, I would encourage optimizing it and decreasing it closer to that 4mg/kg per day dosing range. The current pimobendan therapy dose can remain the same. These will likely be lifelong therapies. Recheck chest radiographs is recommended in 7-10 days along with blood work and a blood pressure. If the patient is doing well and the kidney values are within normal limits, recommend starting an ACE inhibitor (enalapril or benazepril 0.5mg/kg PO q12-24) and spironolactone (2mg/kg PO q24). 2-3 weeks after starting ACE inhibition, repeat kidney values are recommended. If the patient is doing well, a recheck echocardiogram is recommended in 4-6 months. Blood work to assess these patients is recommended every 4-6 months.

The client should start monitoring respiratory rate and effort at home if not already doing so. The resting respiratory rate should be < 35-40 breathes/minute when the patient is resting or sleeping. If the breathing rates are increasing, then chest radiographs are recommended.

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.



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.



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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](mailto:info@SonoPath.com)