



PATIENT

Buddy Kaiser

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

8 Years

WEIGHT

5.3 pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie Animal
Clinic

REFERRING VET

Dr. Poquette

INVOICE

14050

DATE

03/04/26

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings: MLP grade 2/4 bilateral - Cardiac murmur

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	7.5	--	1.19	--	63.33	--	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	1.47	1.52	2.4	--	1.5	0.55

Cardiac Presentation

The mitral valve leaflets are difficult to visualize with mild mitral regurgitation. There is **no** prolapse of the mitral valve leaflet. The left atrial size is normal. There is evidence of left ventricular underloading. The right side of the heart is difficult to visualize. Based upon doppler profiles, there appears to be tricuspid regurgitation. 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.

ECG

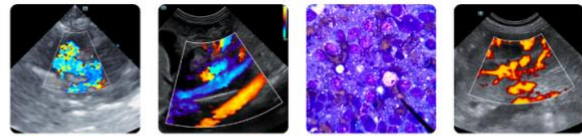
The underlying rhythm appears sinus. There are tall P waves and small QRS complexes, and periods of a pronounced sinus arrhythmia.

ULTRASONOGRAPHIC FINDINGS

- Sinus rhythm with P pulmonale and a right axis shift.
- Degenerative valve disease ACVIM stage B1 mitral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The significance of the ECG is unknown. The right side is difficult to visualize on the echocardiographic images, and a component of right-sided disease cannot be ruled out. Recommend rechecking an ECG



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to ensure proper lead placement as some of the leads do not match up appropriately and the right axis shift could be secondary to artifact as well.

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It does not appear that the patient requires cardiac therapies at this time, but I would have a recheck echo in six months. Alternatively, if the ECG abnormalities remain, then I would consider referral to a veterinary cardiologist for further evaluation.

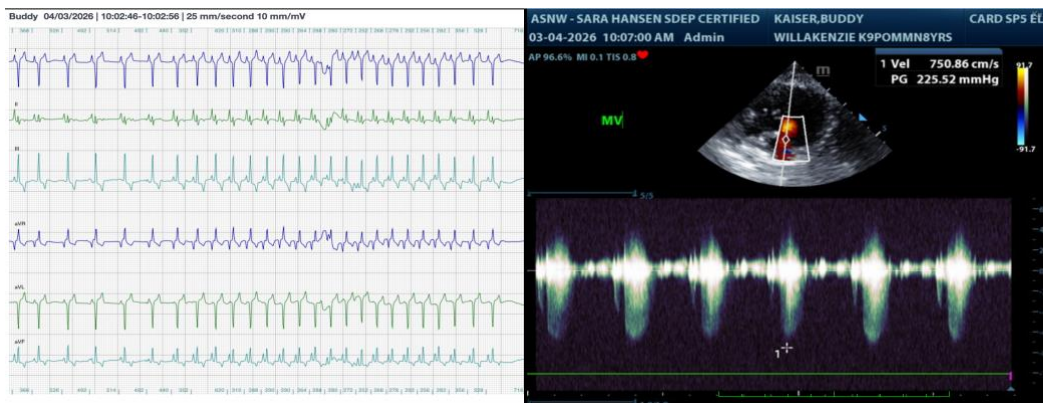
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Pomeranian

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. I also recommend ensuring full blood work is within normal limits.

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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.

IMAGING PERFORMED BY

Sara Hansen

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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