

PATIENT PRESENTING CLINICAL SIGNS

Bug Snow

SPECIES

Canine

BREED

Lab

SEX

Intact Female

AGE

10 Years

WEIGHT

30.4 kg

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Graham Animal
 Hospital

REFERRING VET

Dr. Seager

INVOICE

14158

DATE

03/09/26

- Findings: Routine exam for dental COHAT, noted a new Gr III-IV/VI HMR, PMI left mid heart.
- - No clinical signs of CHF.
- - Pt is a field trial dog and is very active, has had litters of pups before.
- - Anaplasma +ve on routine bloodwork today - CBC no anemia (low MCV, MCH but same as last year when Anaplasma -ve), no tx initiated.
- Current Medications: Bravecto, Interceptor Plus

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Labwork Values Will attach. High RBC, wnl Hct, Hgb, M1 low MCV, MCH Radiographic Findings none taken Primary Question to Be Answered in This Exam Cause of murmur, okay for GA for COHAT and continued field trials?

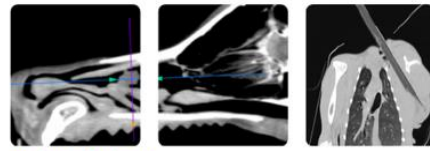
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	5.85	2.48	OE	1.5	21.87	--	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	0.92	0.86	30.4	4.7	4.48	3.5

Cardiac Presentation

The mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is no prolapse of the mitral valve leaflet. The left atrial size is on the upper limits of 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 with mild 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



PATIENT

Bug Snow

- Degenerative valve disease ACVIM stage B1.
- Mild tricuspid regurgitation without evidence of significant pulmonary hypertension.
- Left atrium upper limits of normal.

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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 4-6 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 patient's left ventricular systolic function subjectively appears low normal. This can be seen with athleticism, non-traditional grain-free diets, and sometimes left ventricular systolic dysfunction can be identified with degenerative valve disease in large breed dogs. Recommend ensuring the patient is on a traditional grain-based diet as long as there is no history of a food allergy. No exercise restriction is recommended at this time.

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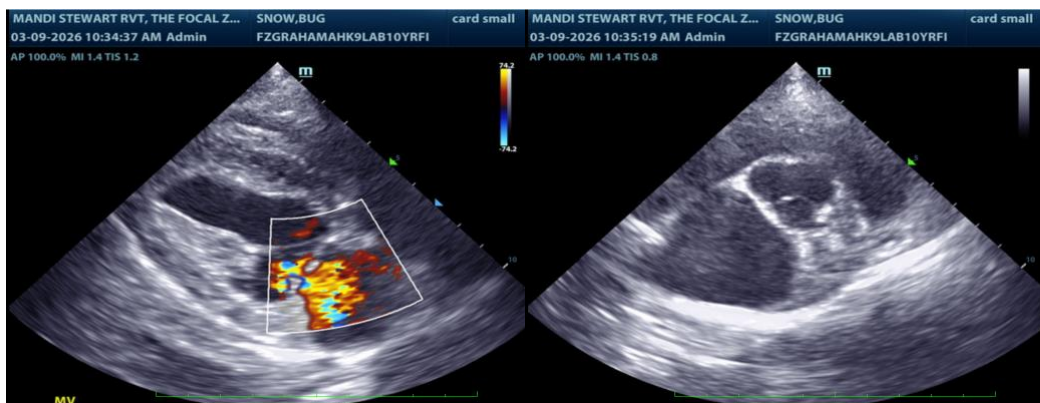
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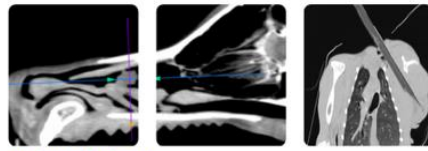
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



PATIENT info@SonoPath.com

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