

PATIENT

Libby Lennox

SPECIES

Canine

BREED

Cavalier King Charles
Spaniel

SEX

Spayed Female

AGE

5 Years

WEIGHT

19.5 pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: *Heart Murmur *Chronic degenerative valve disease (CDVD)
ABNORMAL Labwork Values CBC WNL T4 2.5 ug/dL WNL Mild hyperglycemia 115 mg/dL stress
HR/RR/BP: HR 150.0 Is there a Heart Murmur? If so, please grade. Heart Murmur – Left Current
Medications *Anxiety at home and when left alone- on Fluoxetine, owner unsure if it is helpful,
*Carprofen 25mg Chew Tabs

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	6.13	1.51	1.04	1.18	37.93	--	0.16
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	1.39	0.79	8.86	2.8	2.9	1.8

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Echo Hollow Vet
Hospital

REFERRING VET

Dr. Srch-Thaden

INVOICE

15155

DATE

04/16/26

Cardiac Presentation

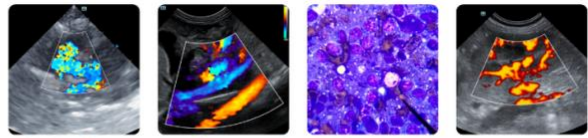
The mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is no prolapse of the mitral valve leaflet. The left atrial size is normal. Left ventricular internal dimensions during diastole are within normal limits and systolic function is preserved in the 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.

ECG

Sinus rhythm.

Blood Pressures

There is significant variation and variable heart rates. It is uncertain if these blood pressures represent an accurate assessment of the patient's underlying blood pressure.



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ULTRASONOGRAPHIC FINDINGS

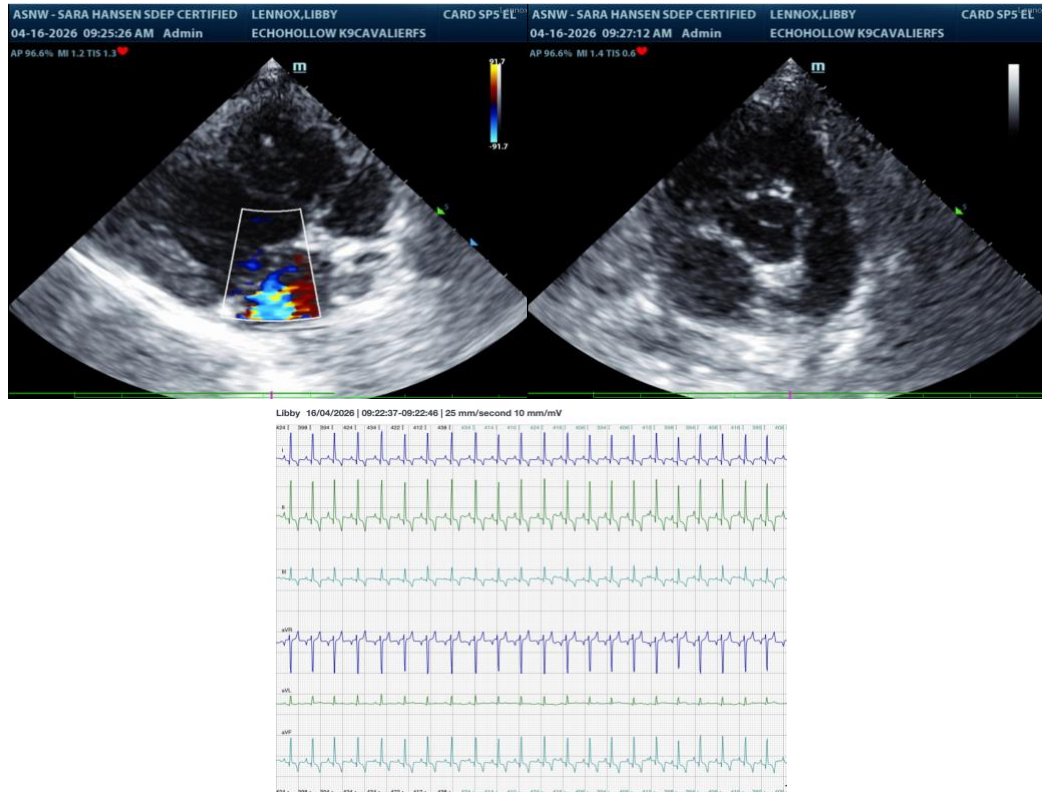
- Degenerative valve disease ACVIM stage B1.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

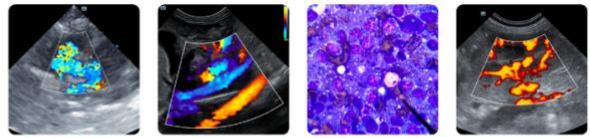
The patient has degenerative valve disease ACVIM stage B1 and no cardiac medications are indicated at this time. Since this can be a progressive condition, serial monitoring is recommended. A recheck echocardiogram is recommended in 10-12 months. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmur is worsening in intensity. Elective anesthetic procedures should be well tolerated.

The blood pressure reported is increased and it's recommended to ensure this value does not represent systemic hypertension. Recommend following ACVIM guidelines for systemic hypertension and treating if indicated with either ace inhibitors, amlodipine, or a combination of the two therapies.

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



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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)

info@SonoPath.com