

PATIENT

Logan Jacobs

SPECIES

Canine

BREED

Greyhound

SEX

Neutered Male

AGE

8 Years

WEIGHT

67.9 pounds

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Albany Animal Hospital

REFERRING VET

Dr. Hunt

INVOICE

15152

DATE

04/16/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Hx of large suspected Soft tissue sarcoma along left elbow region. Needle aspirate performed recently and reviewed by OSU for concern for sarcoma. Recently mass is fast growing, concern for high grade tumor. On intake prior to prep for surgical mass removal, Grade 2 left parasternal systolic murmur, highly positional and difficult to fully auscultate (intermittently heard). Attempting to have echo performed STAT for same day mass removal if possible. For ECHO Only: Blood Pressure 170,180,180,180 Size 5 cuff on left front leg. HR/RR/BP: 124/32 170,180,180,180 Is there a Heart Murmur? If so, please grade. Grade 2 left parasternal systolic intermittent heart murmur, very positional.'

Current Medications: Thyro tabs and Clomicalm

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

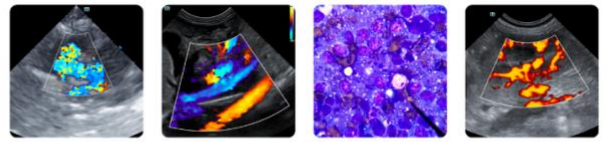
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	UE	--	1.4	1.1	45.23		NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA MAX 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	2.23	0.45	28.5	5.0	4.2	2.3

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 at the upper limits of normal to mildly increased on some images. 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 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

- Degenerative valve disease ACVIM stage B1.



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- Left atrium at the upper limits of normal.
- High normal aortic outflow velocities.

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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 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.

The reported blood pressures are elevated; however this could be secondary to pain from the patient's lesion.

Due to left atrium being at the upper limits of normal to mildly enlarged, I would encourage more judicious use of perioperative fluids closer to 3.0 ml/kg as opposed to standard perioperative fluid rates. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. If needed, anticholinergics can be used in the face 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.

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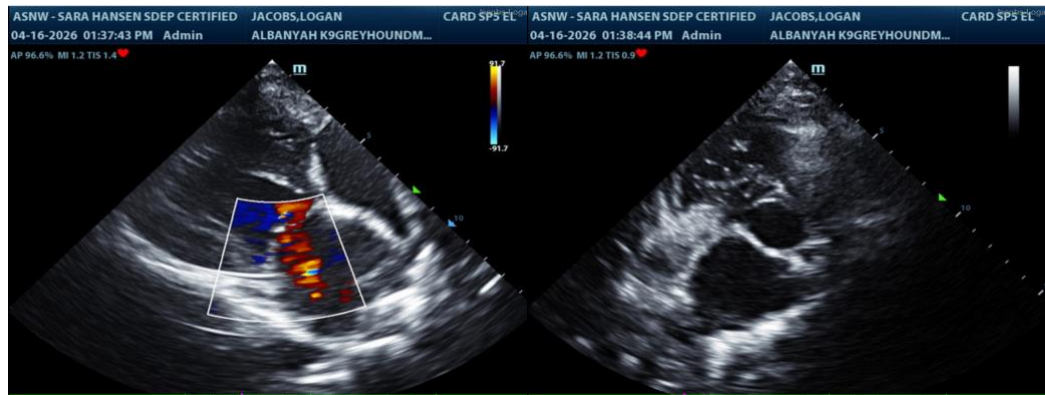
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com