



PATIENT

Charly Beck

SPECIES

Canine

BREED

Greyhound

SEX

Neutered Male

AGE

4 Years

WEIGHT

59 Pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Johnson

INVOICE

36468

DATE

4/2/26

NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	NM	2.7	1.47	26.82	4.5	3.9	2.7

Blood Pressure Assessment

The reported blood pressures are severely elevated. Rule-outs include severe systemic hypertension versus anxiety versus spurious secondary to how the blood pressures were obtained.

ECG Interpretation

Sinus rhythm

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 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 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. Pulmonic outflow velocities are normal. Aortic outflow velocities are mildly increased. There is no evidence of pulmonic insufficiency. There is trace 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

- Mitral valve thickening
- Normal left atrial size
- Increased aortic outflow velocities
- Trace aortic insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is mild thickening of the mitral valve leaflets, this is likely consistent with early degenerative valve disease. Aortic outflow velocities are also mildly increased. This could be secondary to the patient's deep chested nature, however, a mild form of aortic versus subaortic stenosis cannot be ruled out. Therefore, any elective anesthetic procedure the patient should receive prophylactic antibiotics, i.e. clavimox versus cephalexin 3-5 days prior to the event, during the event, and 3-5 days post-operatively. Anytime bacteremia is suspected, i.e. skin infection, urinary tract infection, etc., prompt antibiotic therapy is also recommended. No cardiac therapies are recommended at this time.



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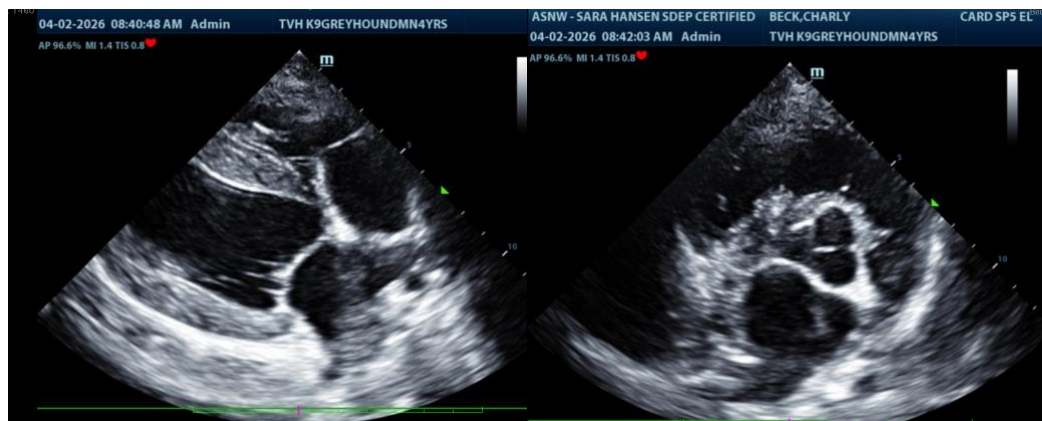
4/2/26

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.

There's no sign of target organ damage and it's suspected that the blood pressure recordings are spurious, however, serial monitoring is recommended.

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.

When obtaining the blood pressure, the patient should be in lateral or sternal recumbency. If in lateral recumbency using the non-dependent limb, then the leg should be stretched out, cuff size should represent 40% circumference of the patient's limb. If performing in sternal recumbency should obtain on the tail. Standing blood pressures are not recommended nor are they accurate.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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)

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