

PATIENT

Marlee Craggs

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

10 Years

WEIGHT

18.4 kg

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Holiday VH

REFERRING VET

Dr. Minardi

INVOICE

36465

DATE

4/2/26

PRESENTING CLINICAL SIGNS

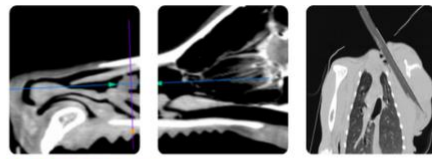
- Cardiovascular: A grade 1/6 heart murmur is audible on the left side of the chest. A sinus arrhythmia is also present. Strong synchronous pulses.
- Respiratory: Normal bronchovesicular sounds bilaterally.
- Current Medications
- Onsior 20mg given once daily and Gabapentin 100-200mg given every 8-12 hours torb for scan today
- Abnormal PE/Chem/CBC/UA Results: BW attached Primary Question to Be Answered in This Exam Confirming safe for anaesthetic for x-cap repair

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	5.81	--	1.73	1.43	36.04	--	--
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	3.0	1.26	18.4	3.16	3.44	2.2

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 at the upper limits of normal on some measurements. 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 pulmonic corresponding outflow velocities are normal. Aortic corresponding outflow



PATIENT

Marlee Craggs

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

10 Years

WEIGHT

18.4 kg

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Holiday VH

REFERRING VET

Dr. Minardi

INVOICE

36465

DATE

4/2/26

velocities are mildly increased. 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

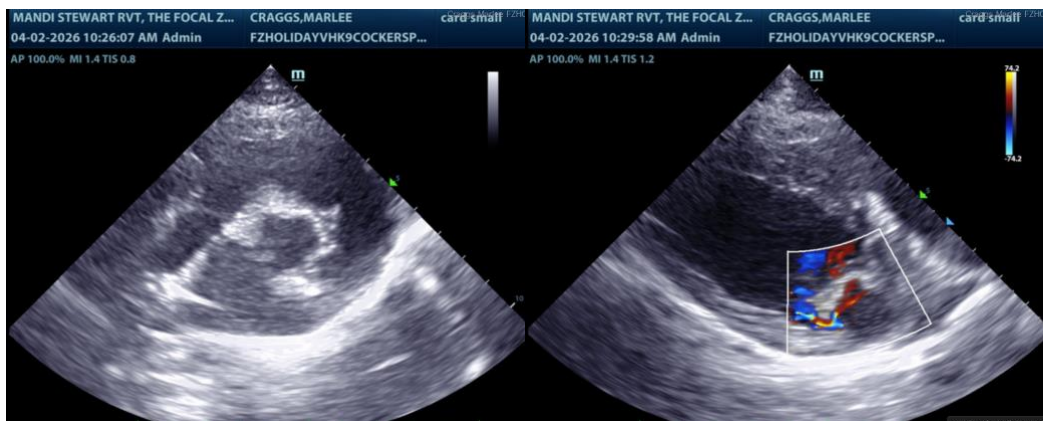
- Degenerative valve disease, ACVIM stage B-1
- Mild tricuspid regurgitation without evidence of significant pulmonary hypertension
- Elevated aortic outflow velocities (mild)

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.

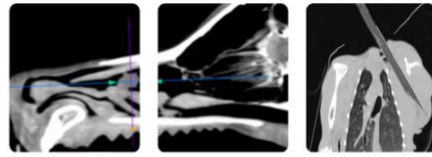
Recommend obtaining a blood pressure on the patient to ensure it is <160 mmHg. If the blood pressure is elevated recommend recommend following ACVIM guidelines for systemic hypertension and treating if indicated.

Aortic outflow velocities are mildly increased. This may represent an increased output state. Otherwise, the patient may have underlying aortic stenosis versus subaortic stenosis. No therapies are needed at this time, however, if elective anesthetic procedures are performed or any time bacteremia is suspected. Recommend prophylactic antibiotics with therapies such as clavimox versus cephalexin for the perioperative range 3 - 5 days before, during, and then 3 - 5 days post.



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.



PATIENT Sara Brethel DVM, DACVIM (Cardiology)

Marlee Craggs info@SonoPath.com

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

10 Years

WEIGHT

18.4 kg

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

**IMAGING
PERFORMED BY**

Amanda Stewart

HOSPITAL NAME

Holiday VH

REFERRING VET

Dr. Minardi

INVOICE

36465

DATE

4/2/26