



**PATIENT**

Mojo Hart-2-Heart

**SPECIES**

Canine

**BREED**

Japanese Chin Mix

**SEX**

Neutered Male

**AGE**

5 Years

**WEIGHT**

4.87 kg

**INTERPRETED BY**

Sara Brethel DVM,  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Dr. Ethan Bloomer

**HOSPITAL NAME**

Echosound Veterinary  
Mobile Imaging  
Services

**REFERRING VET**

Dr. Jennifer Evans

**INVOICE**

14807

**DATE**

04/02/26

**PRESENTING CLINICAL SIGNS**

Patient has a history of a Grade 3/6 left-sided, systolic heart murmur that has been static on exam. Last echocardiogram on 7/23/25 showed Stage B-2 MMVD and degeneration of the tricuspid valve without pulmonary hypertension. The patient has been on Pimobendan (exact dose unknown) BID since then and is doing well clinically.

**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	5.05	2.92	1.89	--	34.25		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	1.68	0.81	4.87	2.8	2.89	1.9

**Cardiac Presentation**

The mitral valve leaflets are moderately thickened with moderate mitral regurgitation posteriorly directed. There is moderate prolapse of the mitral valve leaflets. The left atrial size is moderately to severely increased. Left ventricular internal dimensions during diastole are increased 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**

- Degenerative mitral valve disease ACVIM stage B2.
- Mild tricuspid regurgitation without evidence of significant pulmonary hypertension.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient continues to have degenerative valve disease ACVIM stage B2. There is progressive



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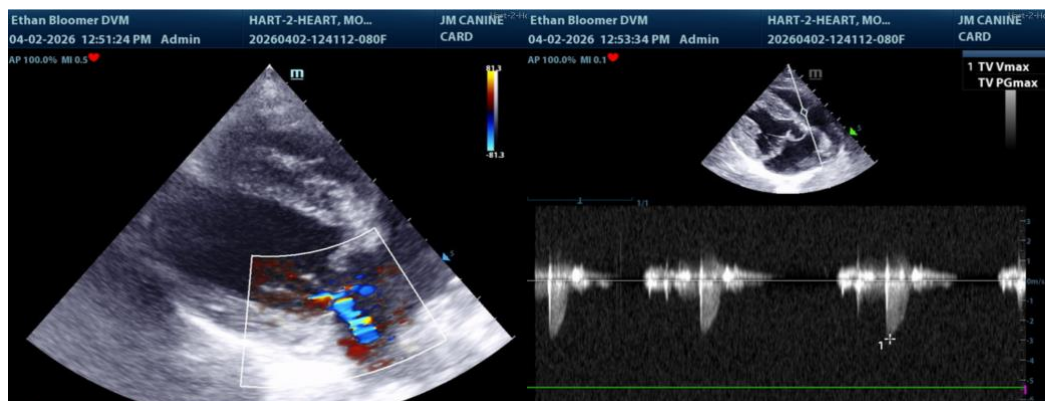
04/02/26

dimensions of the left atrial size when compared to the previous evaluation. The amount of tricuspid regurgitation remains stable. Left ventricular dimensions are relatively static as well. Recommend ensuring the patient is receiving brand name Pimobendan (Vetmedin, at a dose of 0.27 to 0.32 mg/kg).

No therapy adjustments are recommended. Recommend ensuring the patient's blood pressure is normal. 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.

The patient does remain at increased risk for elective anesthetic procedures, however, if needed, judicious perioperative fluids are recommended due to the increased left atrial size. 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.

I would continue reassessing this patient every 6 to 9 months due to the progression of left atrial size and the patient's condition. The client should start monitoring respiratory rate and effort at home if not already doing so. The resting respiratory rate should be < 35-40 breathes/minute when the patient is resting or sleeping. If the breathing rates are increasing then chest radiographs are recommended.



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 I can be of any further assistance please contact me.

Sara Brethel DVM, DACVIM (Cardiology)

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