

PATIENT

Dixie Pegram

SPECIES

Canine

BREED

Belgian Malinois

SEX

Spayed Female

AGE

10 Years 3 Months

WEIGHT

69.

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

AC Madison Mayodan

REFERRING VET

Dr. McKinley

INVOICE

36675

DATE

4/21/26

PRESENTING CLINICAL SIGNS

History: P presented for a mammary mass removal. Premed with Atropine, Morphine, Acepromazine. Induced with propofol and moved into surgery. HR 240bpm, VPC's, Gave lidocaine VPC's stopped. Aborted surgery. Please comment on another anesthesia protocol or risk of anesthesia.

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	4.64	--	1.29	1.45	25	--	--
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	139	1.51	1.12	31.45	4.0	4.0	3.0

ECG Interpretation

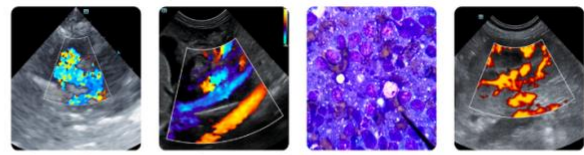
Sinus rhythm

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 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 B-1



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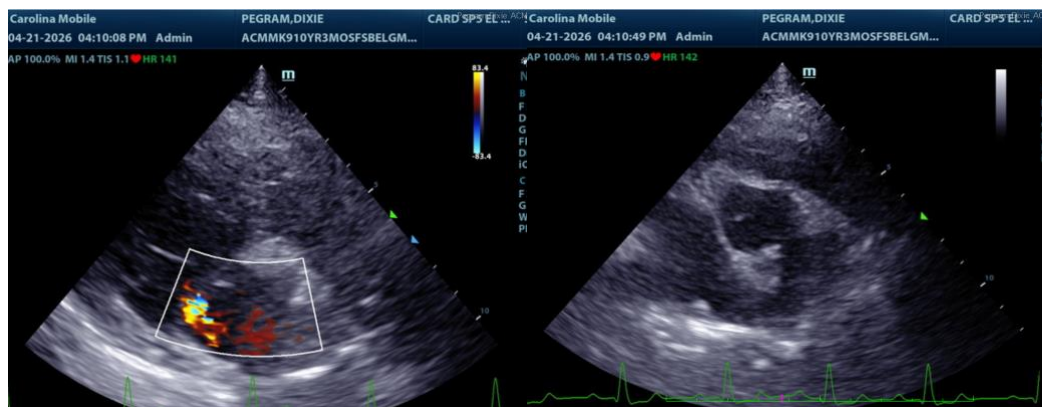
4/21/26

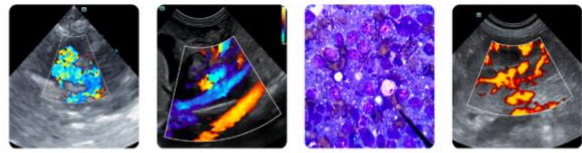
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 cause of the patient's arrhythmia is not entirely known. Given the increase in heart rate, premedication with atropine does not appear to be indicated for this patient. In general, avoiding therapies such as dexmedetomidine and other alpha 2 agonists along with ketamine are best.

In terms of therapy for ventricular premature complexes, sometimes those can be identified with intravenous atropine depending on the timeline. Additionally, treatment for VPCs is not indicated unless the patient is having ventricular tachycardia (or run of 4 or more VPCs with a heart rate of > 180) and concurrent hypotension, or if there is evidence of R-on-T phenomenon. No other specific recommendations are indicated. Sometimes propofol can also cause patients to develop VPCs under anesthesia. Again, as long as the patient is not having runs of ventricular tachycardia, is not becoming hypotensive, then therapy is not indicated for occasional ventricular arrhythmias. Also ensuring that these are premature as opposed to escape complexes. Premature indicating an early complex, escape meaning that there's a pause and then a ventricular complex. Recommend ensuring full blood work as normal. Can also consider doing an abdominal scan to ensure there's no other evidence of abdominal disease with the patient having a mammary mass, also consider 3 view chest radiographs.





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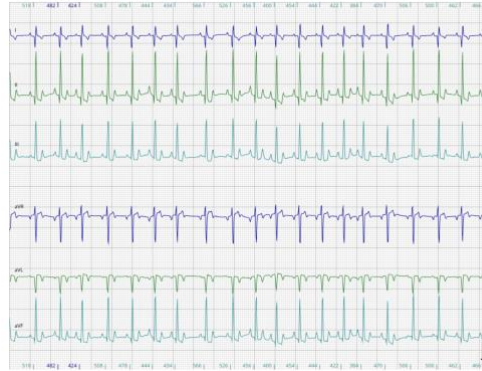
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Dixie Pegram 21/04/2026 | 16:06:08-16:06:17 | 25 mm/second 10 mm/mV



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