



## PATIENT

Wellington Capan

## SPECIES

Canine

## BREED

Cavalier King Charles  
Spaniel

## SEX

Neutered Male

## AGE

11 Years

## WEIGHT

22.24 Pounds

## INTERPRETED BY

Sara Brethel DVM,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Dr. Andrea Nason

## HOSPITAL NAME

Caravan Vet

## REFERRING VET

Dr. Andrea Nason

## INVOICE

36671

## DATE

4/21/26

## PRESENTING CLINICAL SIGNS

History: Wellington had an echocardiogram with SonoPath a little over a year ago and was diagnosed with mitral valve disease stage B2. He's on pimobendan 3 mg PO BID. Recheck echocardiogram to assess for progression.

Abnormal PE/Chem/CBC/UA Results: CBC, Chem, T4 WNL

## 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	~6.0	~3.5	NM	NM	35.48	NM	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	NM	~2.0	10.1	2.85	3.1	2.0

## 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 mild to moderately enlarged. 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 mild 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
- Mild tricuspid regurgitation with mild pulmonary hypertension (subclinical)



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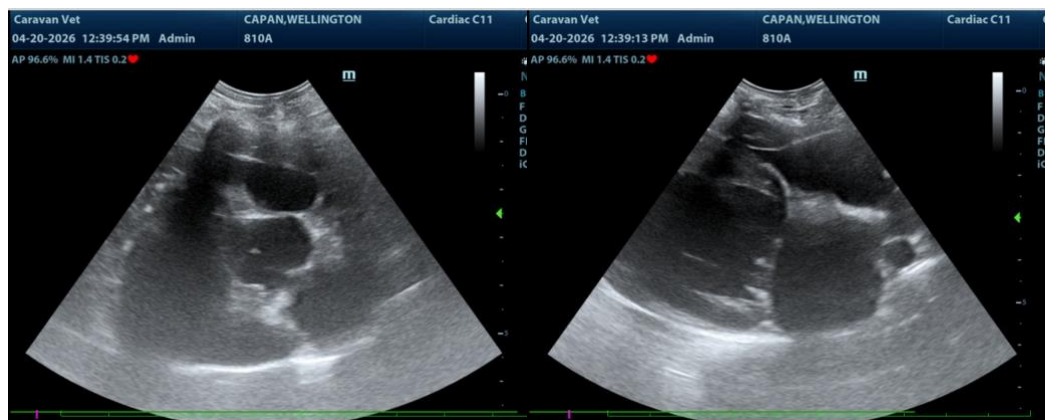
4/21/26

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has degenerative valve disease, ACVIM, stage B-2, while there is cardiac enlargement identified, no additional therapies are recommended at this time. The patient is on a compounded form of pimobendan. Ideally the patient would be on brand name pimobendan therapy. If financial reasons limit utilizing brand name, I would encourage getting the pimobendan either from Stokes versus Covetrus, moving forward to ensure maximum efficacy. Recheck echocardiogram is recommended in 10 - 12 months, sooner if the patient is developing cardiovascular clinical signs,

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.

If needed, elective anesthetic procedures can be performed. 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.



**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](mailto:info@SonoPath.com)