

PATIENT PRESENTING CLINICAL SIGNS

Lily Lawrence Clinical Exam Findings: Heart murmur, coughing and urinating more, last echo in 08/2025

SPECIES Abnormal lab-work values: Updated labs pending will update when values recieved
 Blood Pressure: No recent BP

Canine HR/RR/BP: HR-150, RR- Pant, no recent BP.
 Current Medications: Vetmedin 5 mg 1/2 tab BID, omega caps 1 cap SID

BREED Radiographic Findings: None taken

Dachshund **ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

SEX

Female Spayed

AGE

9

WEIGHT

16.4 lbs

INTERPRETED BY

Sara Brethel, DVM
 DACVIM

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	6.73	-	NM	1.72	57.14	-	-
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	1.25	1.07	7.45	3.4	2.8	1.2

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr Cox

INVOICE

22917

DATE

4-23-26

Cardiac Presentation

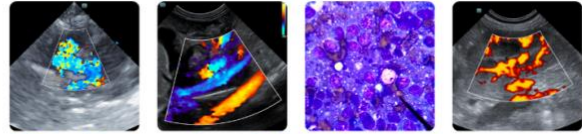
The mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is no prolapse of the mitral valve leaflets. The left atrial size is mildly- to moderately increased. Left ventricular internal dimensions during diastole are within normal limits and systolic function 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 B2

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- The patient continues to have degenerative valve disease with a recent onset of coughing. Recommend obtaining chest radiographs to ensure there is no evidence of progression into heart failure. However,



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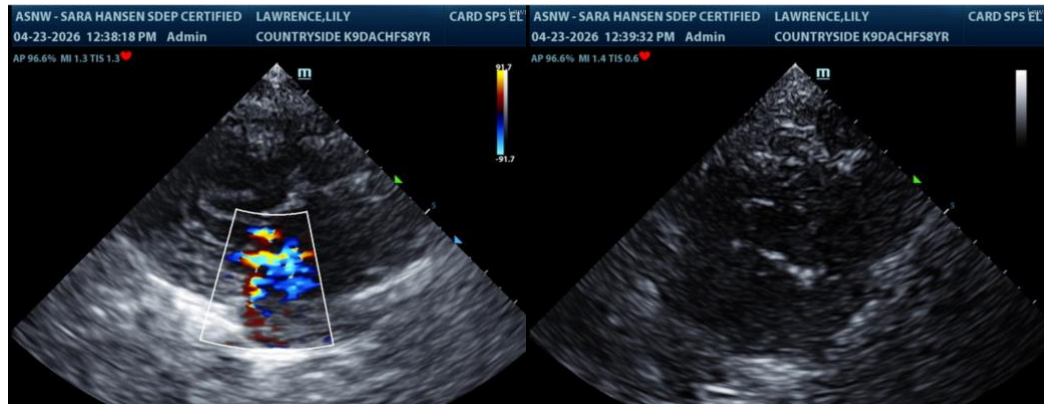
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the measurements on the echocardiogram do not suggest active congestive heart failure, nor do left atrial pressures appear increased.

- Recommend ensuring the patient's blood pressure is normal.
- No changes to the patient's Vetmedin therapy is recommended at this time.
- The cause of the increased urination is not secondary to the cardiac disease.
- A recheck echocardiogram is recommended in 6 months.
- 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.
- If the patient requires anesthesia, there is overall a mild- to moderate increased risk. Recommend ensuring chest radiographs are taken prior to elective anesthetic procedures. If there is any concern, after anesthesia, repeat chest radiographs are recommended. 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.

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