

PATIENT PRESENTING CLINICAL SIGNS

Mowgli Shields History: P presented for echo due to Grade 3/6

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

English Setter

SEX

Neutered Male

AGE

9 years 11 mos

WEIGHT

48.6 lbs

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	4.69	2.11	NM	1.21	39.87	71.52	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	107	1.21	1.23	22.1	3.76	3.5	2.11

INTERPRETED BY

Sara Brethel, DVM
 DACVIM

ECG Interpretation

Sinus rhythm

Cardiac Presentation

The mitral valve leaflets are mildly thickened with mild mitral regurgitation 2posteriorly directed. There is no prolapse of the mitral valve leaflet. The left atrial size is normal. Left ventricular internal dimensions during diastole are within normal limits and systolic function is preserved in the 4face of mitral regurgitation. There is normal right atrial size with mild tricuspid regurgitation. There is no 5prolapse 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 7pulmonic valves have normal morphology and the corresponding outflow velocities are within normal limits. 8There 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 10masses.

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Dr. Jordan

REFERRING VET

AH of Lake Brandt

INVOICE

22909

DATE

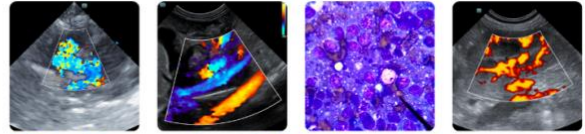
4-23-26

ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease ACVIM Stage B1
- Mild tricuspid regurgitation without evidence of pulmonary hypertension

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.



PATIENT

Mowgli Shields

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.

SPECIES

Canine

Standard perioperative fluid rates should be well-tolerated. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. Anticholinergics can be used in the case 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.

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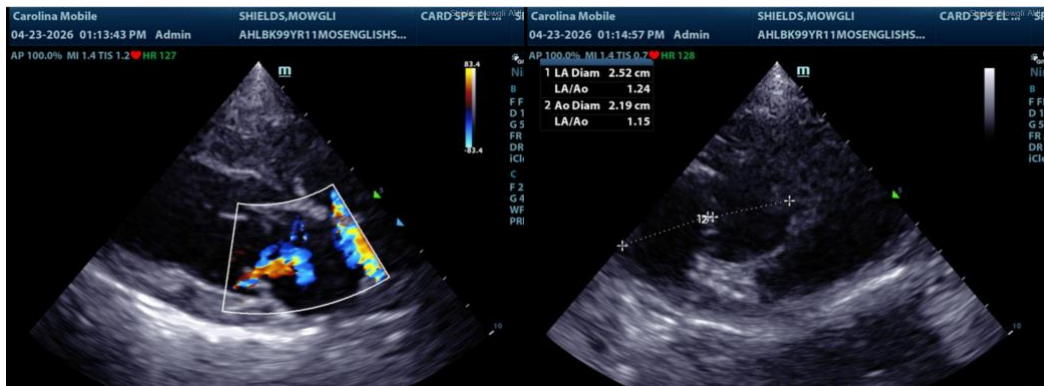
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING PERFORMED BY

Kathleen Byrnes

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