

PATIENT

Ceezer Tarrant

SPECIES

Canine

BREED

Toy Poodle

SEX

Neutered Male

AGE

13 Years

WEIGHT

6.9 Pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Cascade AC

REFERRING VET

Dr. Bruce

INVOICE

36831

DATE

4/27/26

PRESENTING CLINICAL SIGNS

History: CURRENT ISSUE: P was seen at evh on 4/16/26 due to looking sick and wobbly after applying adv. topical at the same time as his house mate and within 30 minutes P was out of it and couldn't focus and very lethargic, O washed off medication, but P was still not doing good. O went to evh and then ran tests on him a discovered he had a heart murmur, evh wanted to run more tests, but O opted to come to us instead. P has been doing good since and is playing. Pt prev. seen at EVH for fainting and dx with murmur. Is there a Heart Murmur? If so, please grade.

3/6

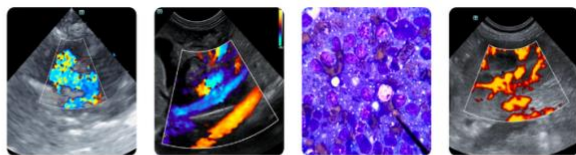
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	5.86	NM	1.67	--	41.5	--	0.12
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	--	1.44	0.8	3.13	3.0	2.0	1.17

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 mildly to moderate 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 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



PATIENT

Ceezer Tarrant

- Degenerative valve disease, ACVIM stage B-2
- Mild tricuspid regurgitation without evidence of pulmonary hypertension based upon the images provided.

SPECIES

Canine

BREED

Toy Poodle

SEX

Neutered Male

AGE

13 Years

WEIGHT

6.9 Pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Cascade AC

REFERRING VET

Dr. Bruce

INVOICE

36831

DATE

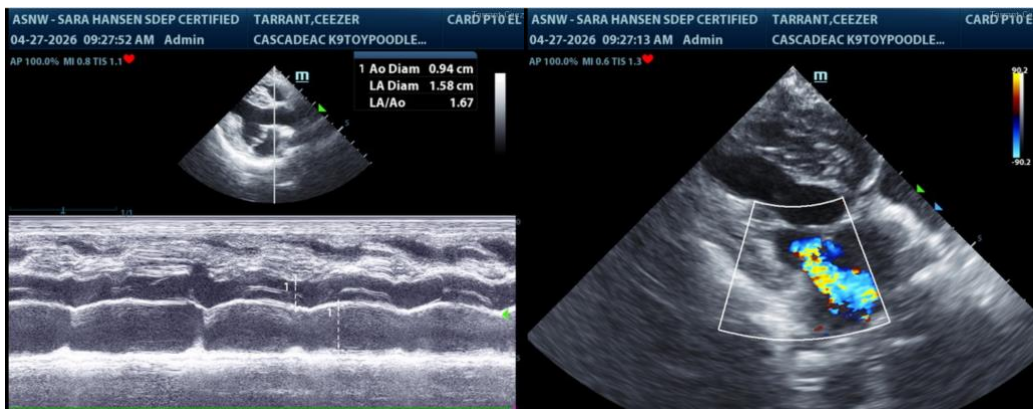
4/27/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has degenerative valve disease ACVIM stage B2 and pimobendan therapy at 0.27-0.32mg/kg PO q12 is recommended. This will be a lifelong therapy. A recheck echocardiogram is recommended in 4-6 months to monitor the condition since starting pimobendan. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmur is worsening in intensity. 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.

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 cause of the patient's fainting episode appears to be secondary to the response to the flea and tick therapy. Recommend utilizing a different therapy in the future.



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