

**PATIENT**

Nike Stire

**SPECIES**

Canine

**BREED**

Chi

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

2.95 kg

**INTERPRETED BY**

Sara Brethel, DVM,  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Beattie PH Stoney  
 Creek

**REFERRING VET**

Dr. Salib

**INVOICE**

36859

**DATE**

4/28/26

**PRESENTING CLINICAL SIGNS**

History: Recent breathing changes and an increased frequency of coughing. Mild wheezing in lungs, Grade 5/6 heart murmur. Still eating/drinking, no vomiting/diarrhea.

Current Medications: Pimobendan 2.5mg/ml - 0.4mls BID PO, Gabapentin 50mg, Trazadone 25mg PO before appointment.

Abnormal PE/Chem/CBC/UA Results: Increased Urea

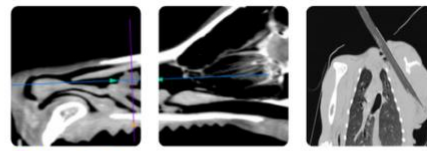
**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

<b>CANINE CARDIAC PARAMETERS</b>	<b>MR VMAX</b> (m/s)	<b>TR VMAX</b> (m/s)	<b>LA/AO</b> (M-Mode)	<b>LA/AO</b> (Heart Base; Swe)	<b>FS</b> (%)	<b>EF</b> (%)	<b>EPSS</b> (cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
<b>PATIENT</b>	5.49	--	1.51	1.6	56	--	NM
<b>CANINE CARDIAC PARAMETERS</b>	<b>HR</b> (BPM)	<b>AV VMAX</b> (m/s)	<b>PV MAX</b> (m/s)	<b>BODY WEIGHT</b> (kg)	<b>LAD</b> LA MAX 4 Chamber	<b>LVIDd</b> Avg; 2D and m-mode short axis (cm)	<b>LVIDs</b> Avg; 2D and m-mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	NM	1.36	0.69	2.95	2.6	2.5	1.1

**Cardiac Presentation**

The mitral valve leaflets are moderately thickened with moderate mitral regurgitation posteriorly directed. There is moderate prolapse of the mitral valve leaflets. The left atrial size is moderately increased. Left ventricular internal dimensions during diastole are increased 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**

- Degenerative valve disease, ACVIM stage B-2
- Mild tricuspid regurgitation without evidence of significant pulmonary hypertension

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient has degenerative valve disease, ACVIM, stage B-2. The current pimobendan therapy is a compounded form. I would encourage transitioning to brand name liquid Vetmedin or utilizing compounding pharmacies such as Stokes versus Covetrus for further compounded forms due to the finicky nature of the medication when compounded. The current dose that the patient receiving is adequate.

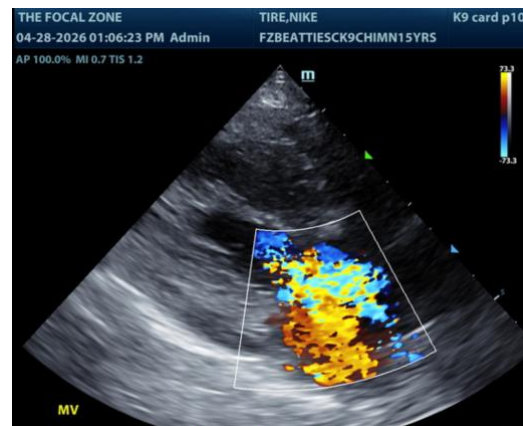
With the recent breathing changes and increased frequency of coughing, recommend obtaining chest radiographs to ensure there's no signs of cardiogenic pulmonary edema. With the images provided, left atrial pressures do not appear to be increased, nor are there B-lines present. However, heart failure cannot be ruled out on echo alone.

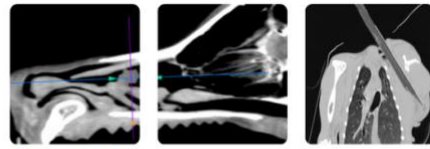
Pending chest radiographic evaluation, as long as there is no evidence of pulmonary edema, can consider a cough suppressant such as hydrocodone 0.2 mg/kg twice daily. Also recommend ensuring airway irritants are removed from the home, etc. As long as there is no heart failure, recheck echo is recommended in 6 months, sooner if concerns.

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.

ECG interpretation: normal sinus rhythm.





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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.

Sara Brethel DVM, DACVIM (Cardiology)

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