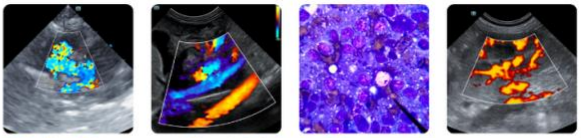


PATIENT

Shenny Jehl

SPECIES

Canine

BREED

Chinese Crested

SEX

Spayed Female

AGE

10 Years 10 Months

WEIGHT

11.2 Pounds

INTERPRETED BY

Sara Brethel, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Kotb

INVOICE

36890

DATE

4/28/26

PRESENTING CLINICAL SIGNS

History: Pre anesthesia work up. Severe dental dz, grade 2/6 heart murmur, ADR, oral discomfort. Meds: Gabapentin 50 mg BID, Carprofen 25mg BID, Clindamycin 25 mg BID.

Abnormal PE/Chem/CBC/UA Results: Glob 3.9 H, A/G ratio 0.7 L, BUN/Creat ratio 32 H, NRBC 2 H, ABs. Neut 1984 L, WBC 3.2 L, Anaplasma positive. Urine: 2+ protein, 1+ Bilirubin, USG 1.050.

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	6.09	--	1.0	1.3	46.18	--	--
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	112	1.0	0.63	5.1	2.8	2.36	1.27

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 at the upper limits of normal to mildly increased on long axis assessment. 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 10intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease, ACVIM, stage B-1

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

PATIENT

Shenny Jehl

SPECIES

Canine

BREED

Chinese Crested

SEX

Spayed Female

AGE

10 Years 10 Months

WEIGHT

11.2 Pounds

INTERPRETED BY

Sara Brethel, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Kotb

INVOICE

36890

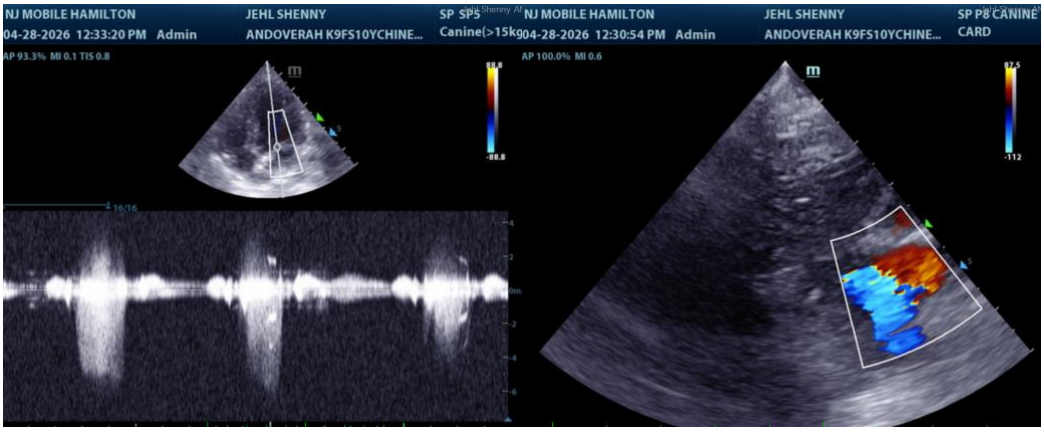
DATE

4/28/26

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 4-6 months due to the left atrial size being at the upper limits of normal to mildly increased on long axis assessment. 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.

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.

Due to the left atrial size, I do recommend judicious perioperative fluids. 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