



PATIENT

Maxwell Coache

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered Male

AGE

12 Years 5 Months

WEIGHT

41.8 Pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge AH

REFERRING VET

Dr. Mehaffey

INVOICE

36887

DATE

4/29/26

PRESENTING CLINICAL SIGNS

History: Patient not sedated, Hx of Grade IV blowing L systolic and Grd III R systolic murmur. No arrhythmias. Hx of being diagnosed with very small ASD (bidirectional flow) with TR in 2021 Last echo performed 9/2025. Assessment was a small ASD with MR and TR. Equivocal PHT. Mild progression of LA and LV chamber sizes. Hx of removal and biopsy of a cecal mass (biopsy indicated sarcoma - GIST vs leiomyosarcoma)- 8/2024. Patient is asymptomatic per owners. Current meds: Pimobendan 5 mg PO BID, Benazepril 10 mg PO SID. Blood pressure 145, 143, 147 mm HG systolic.

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	4.66	2.55	1.93	1.89	39.13	--	--
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	--	1.73	1.73	19	5.8	4.6	2.8

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 severely 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. The previous atrial septal defect is not identified on the images provided.

ULTRASONOGRAPHIC FINDINGS

- Degenerative changes to the mitral and tricuspid valve



PATIENT

Maxwell Coache

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered Male

AGE

12 Years 5 Months

WEIGHT

41.8 Pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Penridge AH

REFERRING VET

Dr. Mehaffey

INVOICE

36887

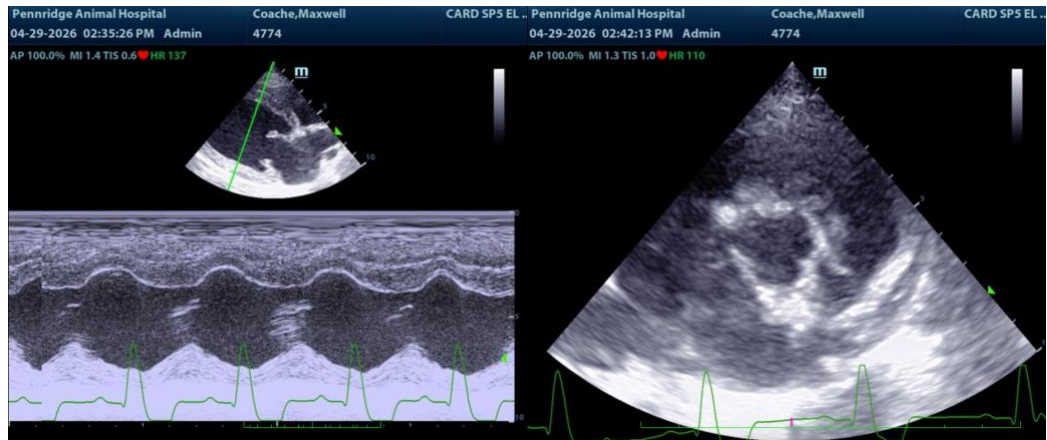
DATE

4/29/26

- No significant pulmonary hypertension
- Severe left atrial enlargement

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has severe left atrial enlargement. Monitoring for signs of heart failure is recommended. 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. The reported blood pressures are within normal limits. No changes to the current medications are indicated at this time. Caution is recommended if non-elective anesthetic procedures are needed. The previous ASD is not identified. There is no significant evidence of pulmonary hypertension. Recheck echo is recommended in 6-9 months, pending clinical signs.



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