

PATIENT

Clinton Kennedy

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

12 Years 10 Months

WEIGHT

49.8 lbs

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Downtown Greensboro Animal Hospital

REFERRING VET

Dr. Wehe

INVOICE

15597

DATE

04/30/26

PRESENTING CLINICAL SIGNS

P presented for echo due to chronic cough and heart enlargement seen on rads

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	5.99	3.34	2.44	2.0	46.04	--	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	123	1.61	0.72	22.63	5.36	5.3	2.86

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 mild 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.

ECG

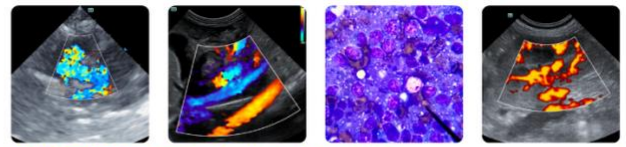
Sinus rhythm with tall R waves and occasional isolated monomorphic ventricular premature complexes.

Chest Radiographs

There is severe left atrial enlargement. The pulmonary vasculature is enlarged. There is evidence of cardiogenic edema.

ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease ACVIM stage C.



PATIENT

Clinton Kennedy

- Severe left atrial enlargement.
- Mild pulmonary hypertension.
- Active congestive heart failure.
- Ventricular premature complexes.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Goldendoodle

There are reported signs of congestive heart failure, and the patient has degenerative valve disease stage C. Furosemide and Pimobendan therapy is recommended. Furosemide at a starting dose of 2mg/kg PO q12. Pimobendan therapy at a dose of 0.27-0.32mg/kg PO q12 is recommended. These will likely be lifelong therapies. Recheck chest radiographs is recommended in 7-10 days along with blood work and a blood pressure. If the patient is doing well and the kidney values are within normal limits, recommend starting an ACE inhibitor (enalapril or benazepril 0.5mg/kg POq12-24) and spironolactone (2mg/kg PO q24). 2-3 weeks after starting ACE inhibition, repeat kidney values are recommended. If the patient is doing well, a recheck echocardiogram is recommended in 4-6 months. Blood work to assess these patients is recommended every 4-6 months.

SEX

Neutered Male

AGE

12 Years 10 Months

Given the patient's current clinical status, depending on stability, can consider referral for overnight hospitalization stabilization therapy. Can consider referral to a cardiologist as well for long-term management due to the severity of the heart disease. Recommend ensuring the patient is also on a traditional grain-based diet if there is no history of food allergies.

WEIGHT

49.8 lbs

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

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.

IMAGING PERFORMED BY

Kathleen Byrnes

Elective anesthetic procedures are not recommended for this patient. The cause of the VPCs can be secondary to the patient being in active heart failure, also the severity of the cardiac disease.

HOSPITAL NAME

Downtown Greensboro Animal Hospital

Recommend ensuring full blood work is also normal. Can consider abdominal imaging if the VPCs persist once the patient is out of active heart failure to rule out any other cause and consider a Holter monitor for further evaluation to ensure additional medications are not needed.

REFERRING VET

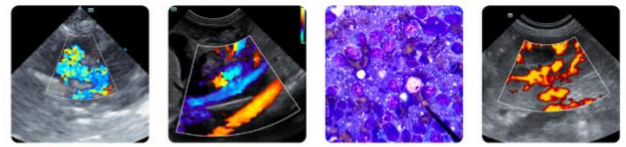
Dr. Wehe

INVOICE

15597

DATE

04/30/26



PATIENT

Clinton Kennedy

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

12 Years 10 Months

WEIGHT

49.8 lbs

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Downtown
 Greensboro Animal
 Hospital

REFERRING VET

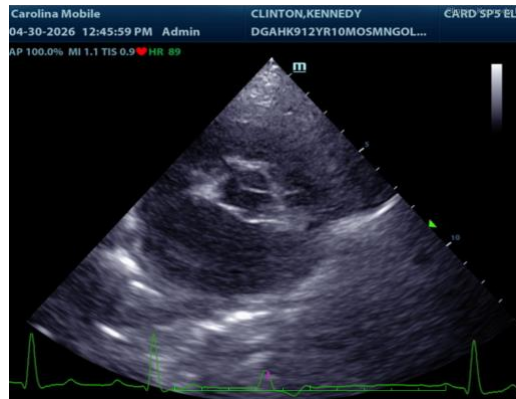
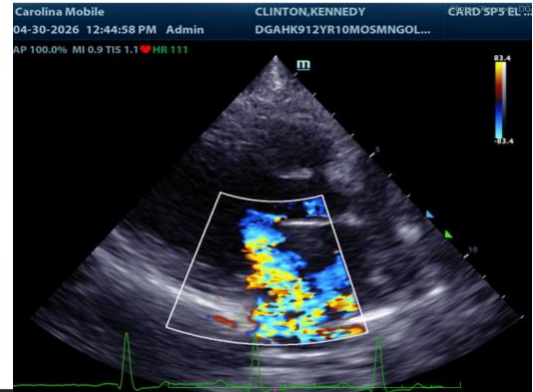
Dr. Wehe

INVOICE

15597

DATE

04/30/26



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