

PATIENT

Zumi Kjelde

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed Female

AGE

3 Years

WEIGHT

73.6 pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Cottage Grove
Veterinary Clinic

REFERRING VET

Dr. Damewood

INVOICE

15607

DATE

04/30/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: asymptomatic left sided murmur noted during exam HR/RR/BP: 130/30 Is there a Heart Murmur? If so, please grade. 2/5

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 (%) | Aortic Root Diameter | EPSS (cm) |
|---------------------------|---------------|---------------|----------------|-------------------------|----------------------|------------------------------------------|------------------------------------------|
| NORMAL PARAMETER | 4.5-5.5 | <2.7 | 1.3 | Up to 1.6 | 28-40 | | <0.6 |
| PATIENT | -- | -- | 1.03 | 1.8 | 32.86 | 1.8 | 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 | NM | 2.64 | 1.61 | 33.45 | 3.7 | 4.26 | 2.86 |

Cardiac Presentation

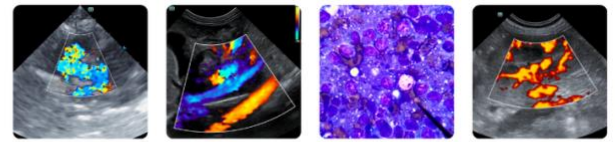
The mitral valve leaflets are normal and there is no mitral regurgitation. There is no prolapse of the mitral valve leaflets. The left atrial size is normal. Left ventricular systolic and diastolic function is within normal limits. The right atrial size is at the upper limits of normal without evidence of tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension on today's evaluation. The right ventricle subjectively appears normal in structure and function. The aortic valve leaflets appear mildly thickened and there is an increase in aortic outflow velocities. There is mild aortic insufficiency. The pulmonic valves have normal morphology and the corresponding outflow velocities are within normal limits. There is no evidence of pulmonic insufficiency. The aortic root is small for patient's size. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Mild aortic versus subaortic stenosis.
- Small aortic root.
- Aortic insufficiency.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The murmur is due to having mild aortic versus subaortic stenosis. Given that the patient is full grown, progression is not suspected, however, patients with any level of aortic versus subaortic stenosis are



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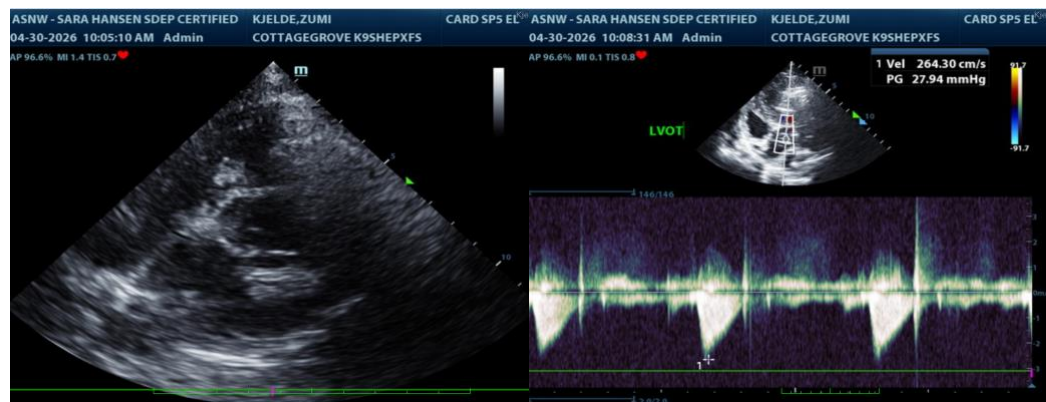
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at an increased risk for complications such as endocarditis anytime an active infection is present. Therefore, anytime the patient has a skin infection, urinary tract infection, etc., prompt prophylactic antibiotic therapy is recommended. Anytime elective anesthetic procedures are performed, broad spectrum antibiotics such as Clavamox or cefalexin are recommended 3 to 5 days prior to the procedure, during the procedure, and 3 to 5 days postoperatively as well. This likely will not affect the patient's lifespan, but serial monitoring is recommended.

A recheck echo is recommended in 10 to 12 months. Standard perioperative fluid rates should be well-tolerated. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. Anticholinergics can be used in the case 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)

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