



PATIENT

Hamilton Buzzard

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

8 Years

WEIGHT

17.5 Pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Echo Hollow VH

REFERRING VET

Dr. Srch-Thaden

INVOICE

36483

DATE

4/6/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Heart Murmur- Left

ABNORMAL Labwork Values: Bloodwork to follow all WNL

For ECHO Only: Blood Pressure: Avg. 123/71, MAP: 86, BPM: 120

HR/RR/BP: HR:170, RR:30

Is there a Heart Murmur? If so, please grade: Yes, Grade 3/6

Current Medications: Vetmedin 2.5mg: 1 tablet by mouth every 12 hours

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

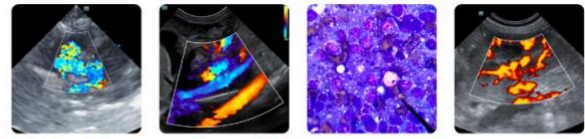
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	~7.0	--	1.25	1.19	47.1	--	0.13
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD 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	NM	1.77	0.99	7.95	3.06	2.76	1.46

ECG Interpretation

Normal sinus rhythm.

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 normal. 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 pulmonic insufficiency. There is mild aortic insufficiency.



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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

- Degenerative valve disease
- Normal left atrial size
- Mild aortic insufficiency

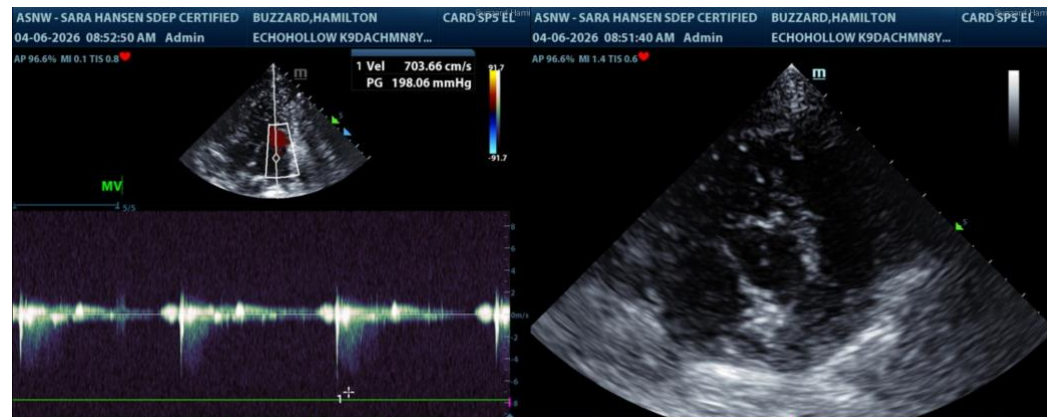
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment the patient has degenerative valve disease with normal left atrial size. It's reported that the patient is on Vetmedin currently. If the patient has previously had imaging that identified cardiac enlargement, I recommend continued Vetmedin. Otherwise, this medication is not indicated at this time. If stopping Vetmedin, I would recommend a recheck in 4-6 months to monitor for any significant progression, as occasionally that can occur with patients that have previously been on Vetmedin for a prolonged period of time and then have discontinued that therapy.

The reported blood pressures: The average is normal; however, the reported values are elevated, and it's recommended to ensure this does not represent systemic hypertension. Recommend following ACVIM guidelines for systemic hypertension and treating if indicated with either ace inhibitors, amlodipine, or a combination of the two therapies.

If continuing Vetmedin, recheck echo in 10 - 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.





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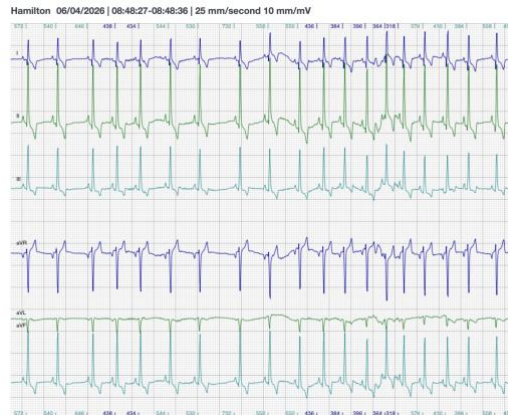
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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