

PATIENT PRESENTING CLINICAL SIGNS

Jay Marks BCS 5/9, Grade 3/6 heart murmur

SPECIES

Canine

Current Medications: Pimobendan 2.5mg bid; lasix 12.5mg bid; Cough Tabs 1 tab bid (Guaf 100mg dexto 10mg)

BREED

Beagle

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX

Neutered Male

AGE

14 Years

WEIGHT

20 pounds

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	5.19	3.23	N1.75	2.05	38.77	--	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	1.24	0.86	9.09	3.59	2.94	1.8

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

VCA Morris Plains Animal Hospital

REFERRING VET

Dr. Burke

INVOICE

14887

DATE

04/06/26

Cardiac Presentation

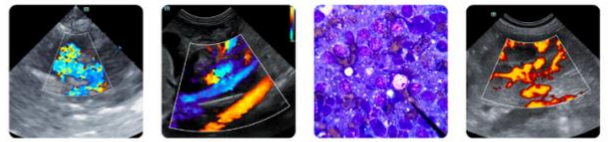
The mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is **no** prolapse of the mitral valve leaflet. The left atrial size is severely increased. Left ventricular internal dimensions during diastole are within normal limits and systolic function is preserved in the face of mitral regurgitation. There is normal right atrial size 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.

ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease.
- Severe left atrial enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has degenerative valve disease with severe left atrial enlargement. Recommend



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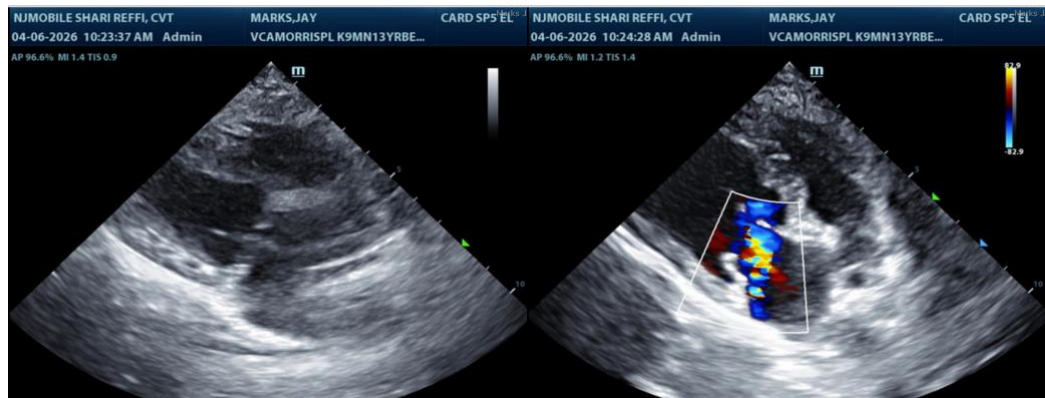
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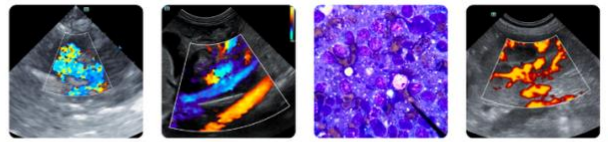
04/06/26

continuation of the Pimobendan, ensuring its brand name Vetmedin. If the patient has had previous evidence of respiratory signs, I would recommend continuing the diuretic therapy as being administered. However, if there is no history of respiratory distress or elevated breathing rates or documented evidence of cardiogenic pulmonary edema, then diuretic therapy is not indicated. For coughing, if the cough is not well controlled, can also consider hydrocodone at a dose of 0.2 mg/kg twice daily. If the patient is remaining on LASIX, I would recommend ensuring kidney values are normal along with electrolytes, assessing blood work every four to six months, and adding in enalapril and spironolactone. Enalapril at a dose of 0.5 mg/kg once to twice daily, spironolactone at a dose of 2.0 mg/kg once daily. Two to three weeks after starting enalapril, recheck kidney values 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. Due to the severe left atrial enlargement, elective anesthetic procedures are not recommended at this time.

If stopping diuretic therapy, I would recommend a recheck echo in two to four months just to monitor for any significant heart enlargement. If stopping the LASIX, recheck in two to four months. If continuing on diuretic therapy, then recheck echo in six to nine months, sooner if the patient is decompensating. 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.





PATIENT

Jay Marks

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.

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Canine

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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info@SonoPath.com

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