



**PATIENT**

Lola Slack

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

55 Pounds

**INTERPRETED BY**

Sara Brethel DVM,  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Dr. Andrea Nason

**HOSPITAL NAME**

Caravan Vet

**REFERRING VET**

Dr. Andrea Nason

**INVOICE**

36499

**DATE**

4/8/26

**PRESENTING CLINICAL SIGNS**

History: Lola has a history of dilated cardiomyopathy in 2022-2023 that resolved after diet change. She was diagnosed with Arrhythmia Right Ventricular Cardiomyopathy with a cardiologist in 2023. Shes on Sotalol 80 mg PO BID, Mexiletine 150 mg BID (they're trying to do TID) and Pimobendan 7.5 mg BID. Lola has been acting more fatigued as of late. Recheck echocardiogram to assess for any cardiac changes.

**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)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
<b>PATIENT</b>	--	--	NM	1.46	40.98	NM	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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	--	NM	~1.0	25	3.1	3.66	2.16

**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. There is normal right atrial size 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 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**

- The heart appears normal. The patient has a history of DCM phenotype and arrhythmogenic cardiomyopathy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



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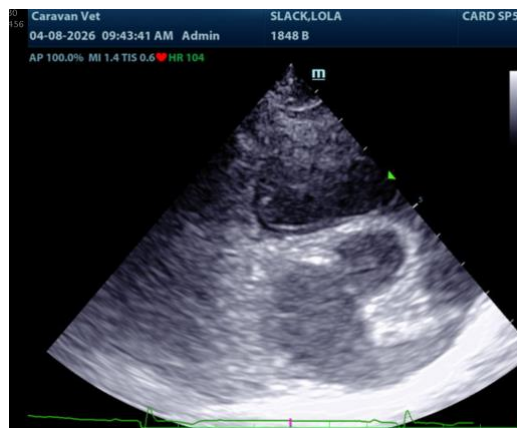
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The heart is not dilated on the images provided. There can be improvement once arrhythmias are controlled and pimobendan therapy is started. If the patient has been on these medications for over 6 months, I would recommend continuing therapy. The cause for her change in energy levels does not appear to be secondary to structural disease. I would recommend performing a Holter monitor, especially given the patient's history and her concurrent antiarrhythmic therapy.

The ECG throughout the echo was within normal limits, but this does not rule out an uncontrolled arrhythmia. Pending a Holter monitor, if no additional causes are identified, I would recommend continued investigation and other diagnostics to look into her change in behavior. Pending the Holter monitor, recheck echo, blood pressure, and a recheck Holter is recommended in 10 - 12 months.



**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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