

PATIENT

Sofie Krauss

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

7 Years

WEIGHT

63 Pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Remcho

INVOICE

36496

DATE

4/8/26

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: P presented for chest rads and lab work for pre-surgical assessment for MCT removal (R cervical area). No sign of metastasis noted but elevated proBNP. ABNORMAL Labwork Values: proBNP >3200. HR/RR/BP: H.R: 110, R.R:30 Is there a Heart Murmur? If so, please grade: none. Current medications: none. P's BP today: 124, 126, 126. Thank you! Abnormal PE/Chem/CBC/UA Results: CONCLUSIONS: 1. Normal geriatric thorax; no evidence of metastatic neoplasia or thoracic lymphadenopathy. 2. Unremarkable abdomen. RECOMMENDATIONS: Continued periodic radiographic surveillance for metastasis is considered reasonable. Notes to Specialist (if any) Primary question to be answered: Heart health and if any medications are recommended.

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	Underest	--	NM	1.6	23.86	--	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	1.43	0.78	28.64	4.75	4.4	3.15

ECG Interpretation

Sinus rhythm

Cardiac Presentation

The mitral valve leaflets are mildly thickened and there is trivial mitral regurgitation. The direction of the mitral regurgitation cannot be determined. There is no prolapse of the mitral valve leaflet. Left atrial size is at the upper limits of normal to mildly increased. Left ventricular diastolic function appears preserved, however, left ventricular systolic function is low/normal to mildly reduced. There is normal right atrial size without evidence of tricuspid regurgitation, and no evidence of pulmonary hypertension. Subjectively, the right ventricle appears normal in structure and function. The aortic and pulmonic valves have normal morphology and normal corresponding outflow velocities. There is no evidence of pulmonic or aortic insufficiency. The aorta appears normal. The pulmonary artery and



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associated branches appear normal. No evidence of pleural effusion, pericardial effusion, or intracardiac masses.

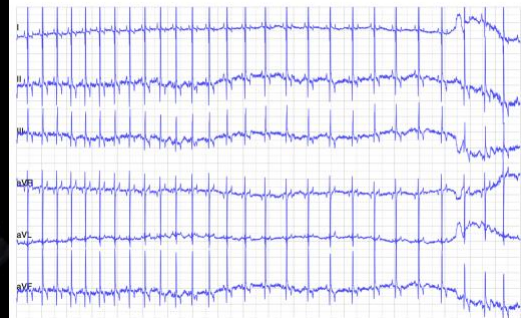
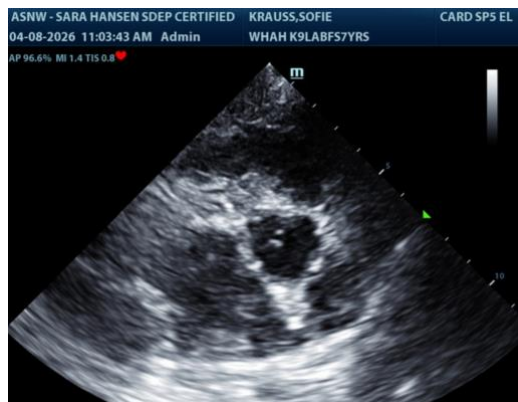
ULTRASONOGRAPHIC FINDINGS

- Mild mitral valve thickening
- Mild mitral regurgitation
- Low normal left ventricular systolic function
- Left atrium upper limits of normal to mildly increased

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

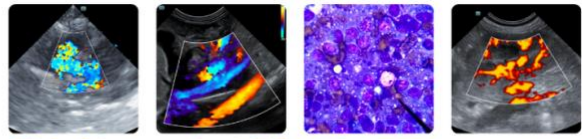
The patient's echocardiogram does reveal some mild changes to the mitral valve, which may represent some early degenerative changes. The left atrium is at the upper limits of normal to mildly increased and systolic function is low normal. All these findings may be secondary to the patient's underlying mast cell tumor. Systolic function can be affected by systemic disease. ProBNP can be elevated in the face of underlying neoplastic processes.

No cardiac therapies are recommended at this time, however, recheck echo is recommended in 4-6 months, sooner if the patient is developing cardiovascular clinical signs or the patient develops a heart murmur. Due to the mild changes, therapies such as dexmedetomidine are best avoided along with ketamine, and I recommend using judicious perioperative fluids. The reported blood pressures are normal.



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



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can be of any further assistance please contact me.

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