

**PATIENT**

Bella Anthony

**SPECIES**

Canine

**BREED**

Poodle

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

8.6 Pounds

**INTERPRETED BY**

Sara Brethel DVM,  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Four Corners VC,  
 Eugene

**REFERRING VET**

Dr. Sinkowski

**INVOICE**

36506

**DATE**

4/9/26

**PRESENTING CLINICAL SIGNS**

History: Clinical Exam Findings: grade 4/6 murmur, O noticing coughing and gagging at home.

ABNORMAL Labwork Values: last labwork in 10/2025 all WNL

For ECHO Only: Blood Pressure: 153/117 MAP 128

HR/RR/BP: HR 160 RR 30

Is there a Heart Murmur? If so, please grade: 4/6

Current Medications: flea prevention monthly

Radiographic Findings: I will send radiographs

Notes to Specialist (if any): Looking to get this pet as comfortable and well managed as possible

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

<b>CANINE CARDIAC PARAMETERS</b>	<b>MR VMAX</b> (m/s)	<b>TR VMAX</b> (m/s)	<b>LA/AO</b> (M-Mode)	<b>LA/AO</b> (Heart Base; Swe)	<b>FS</b> (%)	<b>EF</b> (%)	<b>EPSS</b> (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>	7.93	--	--	1.88	44.44	--	--
<b>CANINE CARDIAC PARAMETERS</b>	<b>HR</b> (BPM)	<b>AV VMAX</b> (m/s)	<b>PV MAX</b> (m/s)	<b>BODY WEIGHT</b> (kg)	<b>LAD</b> LA MAX 4 Chamber	<b>LVIDd</b> Avg; 2D and m-mode short axis (cm)	<b>LVIDs</b> 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	0.88	0.97	3.9	NM	1.8	1.0

**ECG Interpretation**

Sinus rhythm with tall P waves.

**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 moderately increased. Left ventricular internal dimensions during diastole are within normal limits and systolic function is preserved in the face of mitral regurgitation. There is at least mild right atrial enlargement with mild tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets. 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



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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.

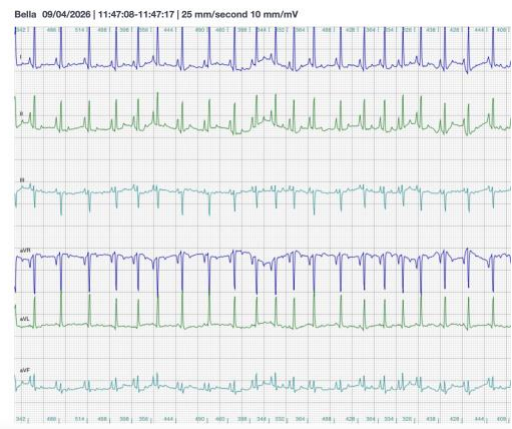
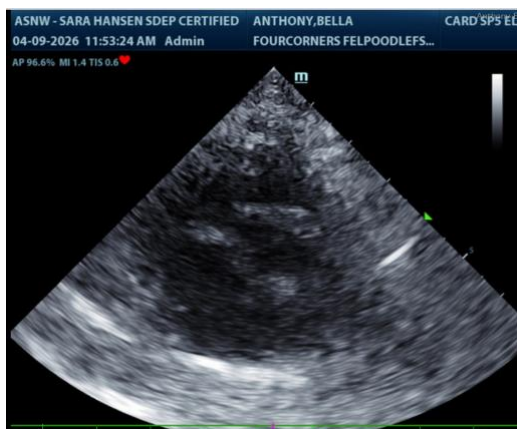
**ULTRASONOGRAPHIC FINDINGS**

- Degenerative bowel disease, ACVIM stage B-2
- Left atrial enlargement
- Right atrial enlargement
- Tricuspid regurgitation

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient has degenerative valve disease ACVIM stage B2 and pimobendan therapy at 0.27-0.32mg/kg PO q12 is recommended. This will be a lifelong therapy. A recheck echocardiogram is recommended in 4-6 months to monitor the condition since starting pimobendan. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmur is worsening in intensity. 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.

The reported blood pressure is within normal limits. The chest radiographs were not submitted. The cough may be secondary to the enlargement. If the cough persists, consider further evaluation for any signs of pulmonary hypertension, also ensuring there are no environmental allergens, i.e. scented candles, aerosols, diffusers, incense, etc., and can also consider cough suppression as long as the patient's breathing rates are normal, with hydrocodone at a dose of 0.2 mg/kg every 12 hours.



**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.



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[info@SonoPath.com](mailto:info@SonoPath.com)

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