

PATIENT

Daisy Creek

SPECIES

Canine

BREED

Cane Corso

SEX

Spayed Female

AGE

9 Years

WEIGHT

104 lbs

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA McKenzie Animal
 Hospital

REFERRING VET

Dr. Arpaia

INVOICE

15848

DATE

05/06/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: 9/15/2025- developed VPC's during pre-anesthetic monitoring - procedure aborted. ECHO/ECG recommended (client declined) 4/22/2026- Episode of collapse, white/grey mucous membranes noted at home, generalized urticaria developed - ER visit reported steroid injection exacerbated symptoms. ABNORMAL Labwork Values Chemistry profile - SuperChem w/ SDMA: WNL except Globulin 3.9 (1.6-3.6) Cholesterol 332 (92-324); CBC - Wnl except WBC 20.8 (4-15.5) Neutrophilia 17264 (2060-10600) monocytosis 1040 (0-840); Thyroid hormones - TT4 0.7 (0.8-3.5); Urinalysis - USG 1.008 pH 6.5 urine chems: wnl urine sedi: nsf MA:0.8 (<2.5); Accuplex - Heartworm (Antigen) NEGATIVE Borrelia burgdorferi NEGATIVE Ehrlichia canis NEGATIVE Anaplasma phagocytophilum NEGATIVE Is there a Heart Murmur? If so, please grade. None Current Medications diphenhydramine

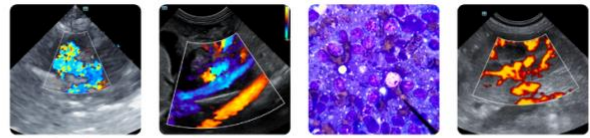
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	--	--	1.16	1.16	26.12	--	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	1.27	0.77	47.27	3.69	4.06	3.0

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.

ECG



PATIENT

Daisy Creek

SPECIES

Canine

BREED

Cane Corso

SEX

Spayed Female

AGE

9 Years

WEIGHT

104 lbs

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA McKenzie Animal
Hospital

REFERRING VET

Dr. Arpaia

INVOICE

15848

DATE

05/06/26

Primarily, the rhythm is sinus with an underlying sinus arrhythmia. There's a portion that is suspicious for ventricular premature complex, however, artifact cannot be entirely excluded.

ULTRASONOGRAPHIC FINDINGS

- Structurally normal heart.
- Possible VPC during ECG assessment.

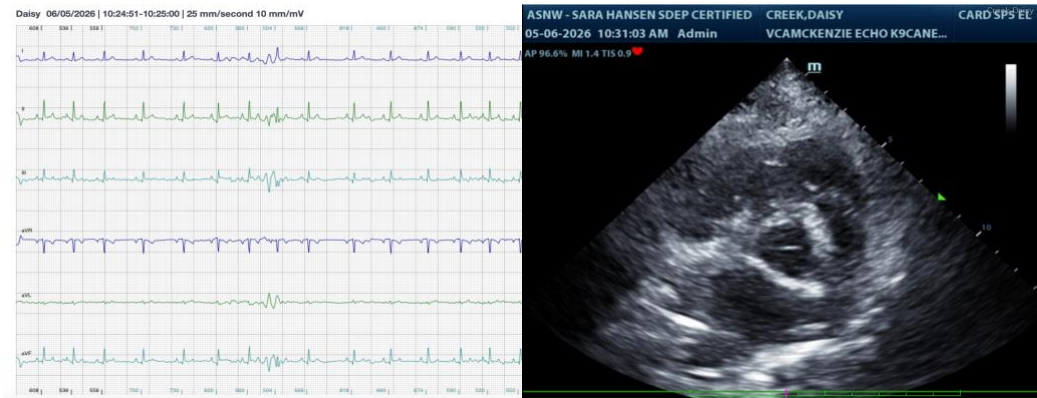
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the patient's collapse episode is not identified. The cause of the patient's VPCs during the anesthesia, again, is not identified. There is a portion during the ECG provided that may represent a ventricular premature complex, however, artifact cannot be entirely excluded.

Can consider a Holter monitor, especially given the patient's clinical history and an episode of collapse to have further clarity on the underlying rate and rhythm of the patient. If not moving forward with a Holter monitor, based upon the information provided.

No cardiac therapies are indicated at this time. I would recommend avoiding the same drugs that were used, and to be cautious, can avoid dexmedetomidine along with ketamine in this particular patient.

If not moving forward with a Holter monitor, recheck echo is not indicated unless the patient develops further cardiovascular clinical signs, an arrhythmia, an auscultation, a heart murmur, or an elevated pro BNP.



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)

info@SonoPath.com