

PATIENT PRESENTING CLINICAL SIGNS

Georgie Lawrie Recheck echo to assess for changes or progression. Heart murmur unchanged, normal lung sounds. Has been on Vetmedin 2.5mg BID and ProLiv SID, Tobradex L eye BID.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Please see attached Echo report from last year. M1 neutropenia. M2 elevation in ALP- chronic change, fluctuates but has increased since July. DDx: liver disease (infectious, inflammatory, neoplasia), cholestasis, Metabolic/endocrine causes e.g. Cushing's disease. ALT WNL. 4+ lipemia, 3+ hemolysis.

BREED

Havanese

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX

Neutered Male

AGE

11 Years

WEIGHT

7.7 kg

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	5.37	~2.0	1.3	1.53	48	--	0.14
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	157	1.7	1.32	7.7	3.2	3.0	1.56

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Aldershot Animal Hospital

REFERRING VET

Dr. Patton

INVOICE

15854

DATE

05/06/26

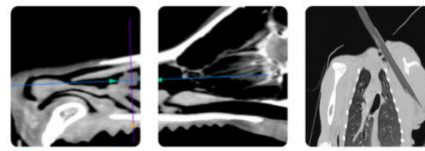
Cardiac Presentation

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 mildly 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 ACVIM stage B2 with persistent mild left atrial enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



PATIENT

Georgie Lawrie

There has not been significant progression since the previous examination performed. Measurements have remained relatively similar. Slight improvement is noted on LA/AO heart base with mild changes in progression noted in left ventricular dimensions. However, nothing significant enough to warrant therapy adjustments at this time.

SPECIES

Canine

Continued monitoring is recommended. Similarly, if the patient requires general anesthesia, it should be well tolerated. Judicious perioperative fluids are recommended due to the increased left atrial size. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. If needed, anticholinergics can be used in the face of a clinically significant bradyarrhythmia (i.e., bradycardia with concurrent hypotension). If the patient is on an ACEi, recommend not giving this therapy the day of anesthesia.

BREED

Havanese

SEX

Neutered Male

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.

AGE

11 Years

Recheck echo is recommended in another 10 to 12 months, sooner if the heart murmur is worsening and/or the patient is developing cardiovascular clinical signs.

WEIGHT

7.7 kg

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.

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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.

INVOICE

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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)

DATE

05/06/26

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