



**PATIENT**

Kiara Virgen

**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

Spayed Female

**AGE**

16 Years

**WEIGHT**

11.6 Pounds

**INTERPRETED BY**

Sara Brethel, DVM,  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Eastgate VC

**REFERRING VET**

Dr. Kelley

**INVOICE**

35968

**DATE**

5/6/26

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: Presented for annual wellness, doing well clinically per O. O reports P gets tired on short walks and will want to be carried. O was not previously aware of a heart murmur. Eyes: **\*\*Bilateral lenticular sclerosis noted.\*\*** Ears: Normal canal and pinna. No debris or erythema. Oral Cavity: **\*\*Grade 1/4 dental tartar.\*\*** Gums pink, moist, healthy. Cardiovascular: **\*\*Grade 4/6 systolic heart murmur, loudest on the left side.\*\*** Regular rhythm; strong synchronous pulses. Respiratory: Lungs auscultate clear. Abdomen: Abdomen palpates normally. No pain on palpation. No organomegaly or masses palpated. Musculoskeletal: Normal gait. Ambulatory x 4. Integument: Healthy skin and coat. No evidence of fleas. No masses found. Lymph nodes: Normal Urogenital: Normal-looking genitalia and perianal skin. Neurologic: Normal mentation. Bright, alert, responsive  
 ABNORMAL Labwork Values: Recent labs will be emailed. NSF. For ECHO Only: Blood Pressure: 220/114 146, HR/RR/BP: HR 140, RR 50/sniff, BP 220/114 MAP 146, Is there a Heart Murmur? If so, please grade: 4/6 systolic, Current Medications: Credelio Quattro

**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>	NM	--	1.06	1.33	25	NM	0.13
<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	0.95	0.85	5.27	2.32	2.36	1.77

**ECG Interpretation**

Sinus rhythm with a sinus arrhythmia.

**Cardiac Presentation**

The mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is no prolapse of the mitral valve leaflets. The left atrial size is normal. 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 without tricuspid regurgitation. There is no



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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 B-1
- Sinus rhythm

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient has degenerative valve disease ACVIM stage B1 and no cardiac medications are indicated at this time. Since this can be a progressive condition, serial monitoring is recommended. A recheck echocardiogram is recommended in 10-12 months. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmur is worsening in intensity. Elective anesthetic procedures should be well tolerated.

The blood pressure reported is increased and it's recommended to ensure this value does not represent systemic hypertension. Recommend following ACVIM guidelines for systemic hypertension and treating if indicated with either ace inhibitors, amlodipine, or a combination of the two therapies.

Standard perioperative fluid rates should be well-tolerated. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. Anticholinergics can be used in the case 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.



**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.

Kiara Virgen

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