

**PATIENT PRESENTING CLINICAL SIGNS**

Roan Russel

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

54.4 lbs

**INTERPRETED BY**

Sara Brethel DVM,  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

West Hills Animal  
 Hospital

**REFERRING VET**

Dr. Remcho

**INVOICE**

15850

**DATE**

05/06/26

Clinical Exam Findings: Recheck cardiac disease. P suffered an episode of idiopathic vestibular disease in February 2026 and continues to have head tilt, ataxia and fatigue with activity. Intermittent coughing noted. RRR have been normal though P has some intermittent panting episodes at rest. ABNORMAL Labwork Values cardiopet proBNP 3037 For ECHO Only: Blood Pressure n/a HR/RR/BP: n/a Is there a Heart Murmur? If so, please grade. No Current Medications - ThornVet Heart Healthy Powder 1 scoop BID - Canine Cardiac support A1259 1/2 tsp BID - KPCShenMaiSan 200g 1 tsp BID - Antinol daily joint & mobility support - Balance.It 2 tsp daily - Dasuquin, Flexadin, Librela, & Adequan (did not receive dose this past weekend due to incident). Radiographic Findings none Notes to Specialist (if any) Primary question to be answered: Evaluation for progression of heart disease as well as any medical management recommendations

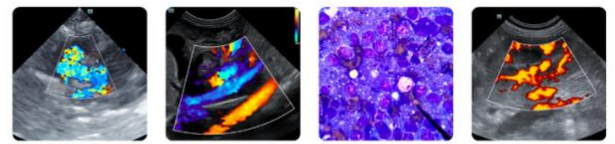
Abnormal PE/Chem/CBC/UA Results: BP 136 mmHG

**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	5.42	--	NM	1.86	55.32	--	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	0.81	0.82	24.72	4.8	4.7	2.1

**Cardiac Presentation**

The mitral valve leaflets are moderately thickened with moderate mitral regurgitation posteriorly directed. There is moderate prolapse of the mitral valve leaflets. The left atrial size is moderately increased. Left ventricular internal dimensions during diastole are increased and systolic function is preserved in the face of mitral regurgitation. 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 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.



**PATIENT ECG**

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It is difficult to visualize portions of the ECG provided, however, with what is able to be identified, there appears to be primarily a sinus rhythm present.

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**ULTRASONOGRAPHIC FINDINGS**

- Degenerative valve disease ACVIM stage B2.
- Moderate left atrial enlargement.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Spayed Female

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.

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The reported blood pressure is within normal limits. Given the history, the cardiac disease does not appear to be the cause of the patient's previous idiopathic vestibular event. There is an increased risk for elective anesthetic procedures, however if anesthesia is needed, I recommend the patient be on Pimobendan for at least one to three weeks.

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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.

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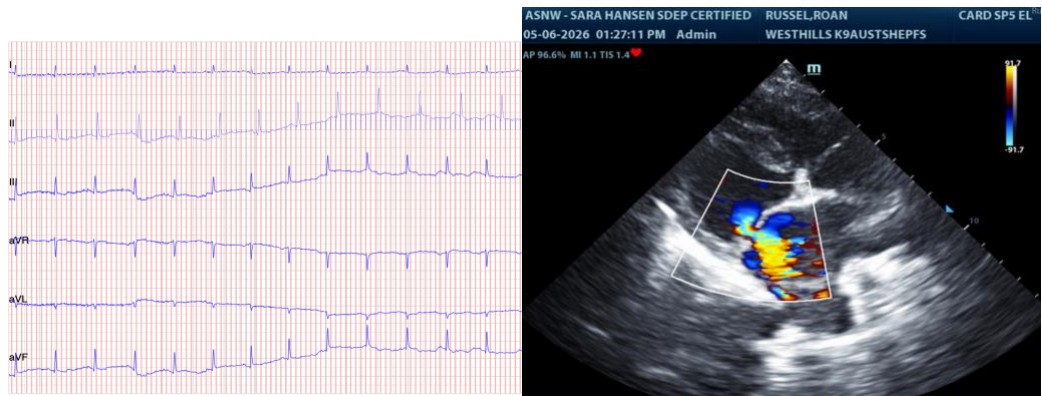
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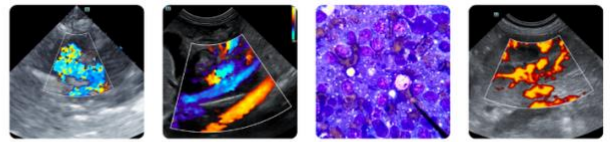
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT**

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can be of any further assistance please contact me.

Sara Brethel DVM, DACVIM (Cardiology)

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