



PATIENT

Bruce Safe Hands
Sanctuary

SPECIES

Canine

BREED

Pitbull X

SEX

Neutered Male

AGE

8 Years

WEIGHT

75 Pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Gudrun Gunther

HOSPITAL NAME

New Frontier AMC

REFERRING VET

Dr. Gudrun Gunther

INVOICE

37285

DATE

6/1/26

PRESENTING CLINICAL SIGNS

History of heart murmur, systolic, PMI L parasternal. Asymptomatic. Patient needs anesthesia for a mass removal.

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	~5.0	NM	1.38	1.2	26.38	--	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	105	~2.0	~0.8	34.1	5.0	4.7	3.46

RAD: 3.4

Cardiac Presentation

The mitral valve leaflets are mildly thickened with moderate mitral regurgitation posteriorly directed. There is no prolapse of the mitral valve leaflet. The left atrial size is mildly increased on long axis images. Left ventricular dimensions display eccentric hypertrophy, however, LVIDd and LVIDs measurements are within normal limits. 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 B1
- Normal left atrial size
- Mild tricuspid regurgitation without evidence of significant pulmonary hypertension
- Left ventricular eccentric hypertrophy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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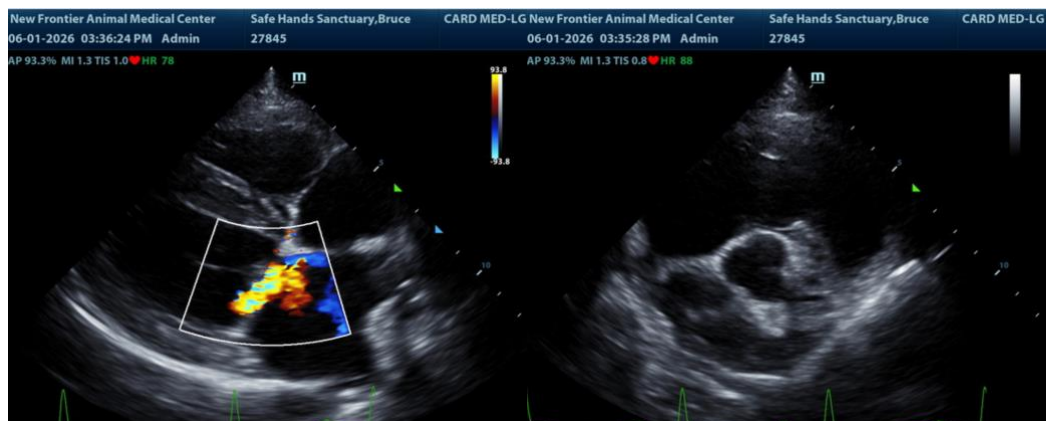
6/1/26

The patient has degenerative valve disease, technically it is considered stage B1 given the measurements obtained, however, given the appearance of the left ventricle having eccentric hypertrophy, the left atrium being at the upper limits to mildly increased on long axis, and the patient requiring anesthesia, I would recommend starting pimobendan therapy at this time, at a dose of 0.27 - 0.32 mg/kg twice daily. This will continue to be a lifelong therapy. Also recommend ensuring the patient is on a traditional grain-based diet. I understand with being with a rescue, previous diet history is difficult to obtain. Recommend ensuring full blood work is also within normal limits and the patient is normal intensive.

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.

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.

I would ideally have the patient on pimobendan for at least 1 week prior to elective anesthetic procedures. Recheck echo is recommended in 4-6 months, sooner if the patient is developing cardiovascular clinical signs.



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)



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info@SonoPath.com

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