

PATIENT

Krissy Sooknanan

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

15 Years

WEIGHT

4.6 kg

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Snelgrove VS

REFERRING VET

37263

INVOICE

6/1/26

DATE

PRESENTING CLINICAL SIGNS

History: Owner notes lethargic, still eating well; no changes in drinking but she seems to tire more often. She also appears lame and is having issues with steps. Grade 4/6 heart murmur; pulses are weak and thready. Lungs sound clear. RH medial hock is a red raised mass almost resembling a blood blister. She also has various adenomas and some cysts that are red and raised. Possible mast cell tumours or other. Moderate spinal pain along T-L and lumbar spine. She appears quite painful at L-S as well. Crepitus in both stifles and restriction in RH hip extension

Abnormal PE/Chem/CBC/UA Results: CBC - ok Urea 11.5 (3.2-11) ALP 1046 (5-160) BNP 4472 (0-900) *** TT4 < 5.2 (13-53) - unsure if this is real - further testing is required Called and spoke to FO - rec cardiac U/S and further thyroid testing (add on TSH) and checking a BP. O will call back if she has questions or if she wants to proceed with booking any of these. Radiographic Findings None Primary Question to Be Answered in This Exam Does she need heart medication? ECG attached.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

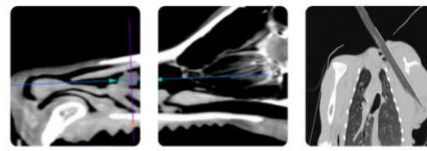
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	5.48	2.44	NM	2.0	38.82	--	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA 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	122	1.18	1.0	4.6	3.11	2.37	1.45

ECG Interpretation

Sinus rhythm

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 severely 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 with mild tricuspid



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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 insufficiency. There is trace 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

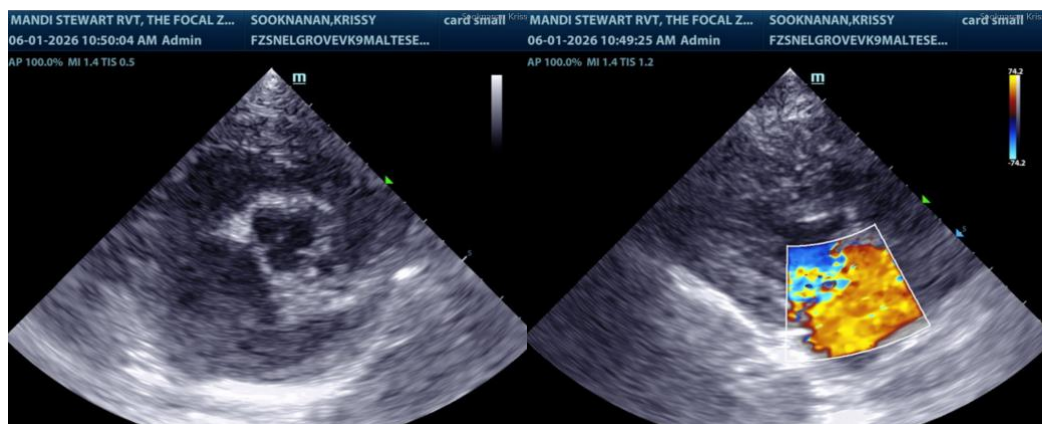
- Degenerative valve disease, ACVIM stage B2
- Severe left atrial enlargement
- Trace aortic insufficiency

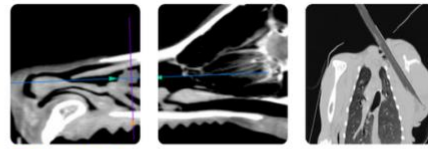
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

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.

If there is any concern for coughing or changes to breathing, chest radiographs are recommended to ensure there is no evidence of cardiogenic pulmonary edema. Otherwise, aside from the pimobendan therapy, no other cardiac medications are recommended.





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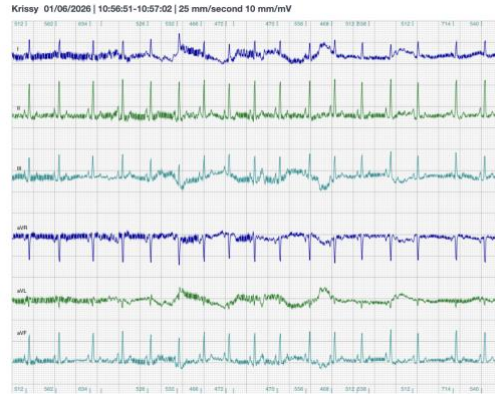
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Sara Brethel DVM, DACVIM (Cardiology)

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