



PATIENT

Annie Evenson

SPECIES

Canine

BREED

Yorkshire Terrier Mix

SEX

Spayed Female

AGE

7 Years

WEIGHT

16 Pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Chrissy Krell, DVM

HOSPITAL NAME

Kindness AH

REFERRING VET

Dr. Krista Terrill

INVOICE

37563

DATE

6/17/26

PRESENTING CLINICAL SIGNS

History: Patient presented for echocardiogram after progression of heart murmur has been noted along with history of episodes of patient being "ADR". Diagnosed previously with Diabetes Mellitus (2025), struvite crystalluria, allergies, acral lick granuloma, luxating patellas, a benign lingual mass removed in 2025, KCS OS, Otitis externa and has been treated for pancreatitis last in 2024. She's currently on Simparica Trio, Hills C/D diet, Novolin Insulin 7 Units BID, Cytopoint for allergy symptoms. Found a splenic nodule/mass (Oncologist determined non-neoplastic) in 2024. Presented on 6/5/26 for not eating well, urinated on the floor and acting lethargic. Overall patient has been doing well at home.

Abnormal PE/Chem/CBC/UA Results: 6/5/26 PE: Musculoskeletal: Bilateral MPL, more prominent on the right. Heart: Grade 4 left apical systolic murmur. Strong and synchronous femoral pulses. Eyes: OU nuclear sclerosis with tapetal reflection, still do not see diabetic cataract formation; OS stable brown corneal pigmentation, dull appearance to cornea. Skin/Integument: Healthy hair coat and skin, no ectoparasites seen. Previous LF medial lick granuloma appears to have resolved. 6/5/26 BW: Parasite Screen: negative. CBC: unremarkable. Chem: ALKP 236, AMyl 354, Chol 376, Creat 0.4, Glu 413, Fructosamine 814. UA: SG 1.036, pH 7, Glu 1000mg/dL, neg ketones, neg sediment. BHBA blood ketones (via ketometer): 0.1 mmol/L. Schirmer Tear Test: OD 22 mm/min, OS 5 mm/min (LOW). 6/17/26 BP: 130, 129, 130 systolic.

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	--	--	1.23	1.09	38.5	--	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	1.2	~5.0	7.27	2.3	2.0	1.23

Cardiac Presentation

The mitral valve leaflets are normal and there is no mitral regurgitation. There is no prolapse of the mitral valve leaflets. The left atrial size is normal. There is evidence of left ventricular underloading.



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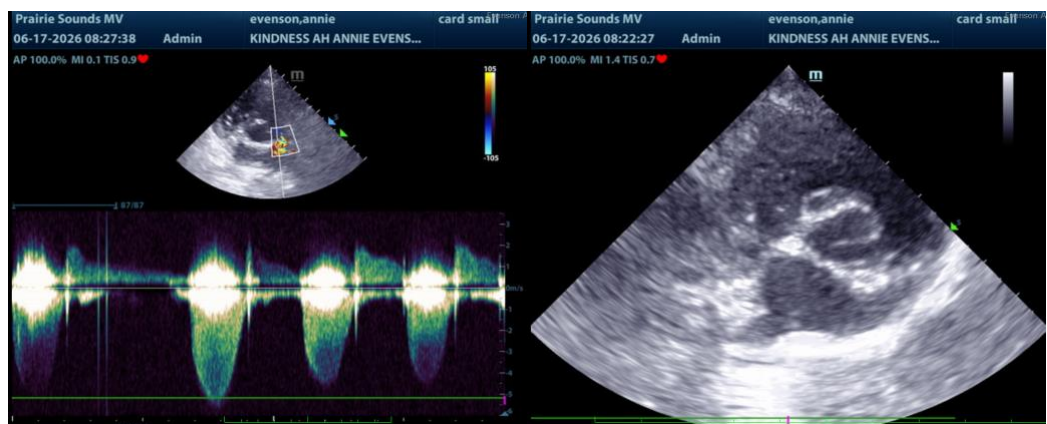
Left ventricular systolic function is preserved. There is mild right atrial enlargement without evidence of tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension on today's evaluation. The right ventricle subjectively appears normal in structure and function. The aortic valve has normal morphology with normal corresponding outflow velocities. The pulmonic valve appears dysplastic. There is pulmonic insufficiency and there are severely elevated outflow velocities. There is no evidence of aortic insufficiency. The aorta appears normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Severe pulmonic stenosis
- Right atrial enlargement
- Pulmonic insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based upon the images provided, there appears to be severe pulmonic stenosis likely causing the patient's murmur. This is a congenital condition that has been present likely since birth. A cause for the recent worsening of the murmur is unknown. I would recommend referral to see a veterinary cardiologist for further evaluation of the murmur, the severity of the pulmonic stenosis, and to determine if surgery with a procedure like a balloon valvuloplasty is indicated. If referral is unable to be performed, I would recommend starting atenolol, starting at a slowly incrementing dose, for example, starting at a 0.25 mg/kg once daily for 4 days, increasing that to twice daily for 4 days and further increasing it to 0.5 a mg/kg twice daily for 4 days, then 0.75 mg/kg twice daily for 4 days and then ultimately 1.0 mg/kg twice daily until directed otherwise. If starting atenolol, this medication cannot be stopped abruptly as there could be serious side effects if that occurs, some of which can be life threatening. If not moving forward with referral and starting atenolol, a recheck echo is recommended in 2-3 months, sooner if the patient is developing cardiovascular clinical signs. If this truly is severe pulmonic stenosis, unfortunately this patient is at risk of passing away suddenly along with other complications such as right-sided heart failure.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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)

info@SonoPath.com