



PATIENT

Parker Czerw

SPECIES

Canine

BREED

Mixed Breed

SEX

Neutered Male

AGE

11 Years

WEIGHT

86.2 Pounds

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Stewart's Mtn. View AH

REFERRING VET

Dr. Stewart

INVOICE

37317

DATE

6/3/26

PRESENTING CLINICAL SIGNS

History: P presented for exercise intolerance and excessive panting.

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	2.43	1.05	1.23	32.21	--	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	--	1.54	1.2	39.2	4.3	3.8	2.5

ECG Interpretation

Sinus rhythm with the sinus arrhythmia (VPCs were reported, however not identified during the evaluation).

Radiographic Interpretation

The cardiac silhouette is within normal limits. There is no evidence of cardiogenic pulmonary edema.

Cardiac Presentation

The mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is no prolapse of the mitral valve leaflet. 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 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.



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ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease, ACVIM stage B1

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has degenerative valve disease, ACVIM stage B1 with normal left atrial size. No cardiac therapies are indicated. With the ECG provided, the rhythm is sinus, however with the reported VPCs and the patient's clinical signs, a Holter monitor would be recommended for further evaluation. The chest radiographs do not reveal any cause for the patient's exercise intolerance or excessive panting. Can consider obtaining three view images to rule out any other abnormalities. Recheck echo is recommended in 6 months.

If needed anesthesia should be tolerated from a structural standpoint. 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.

If the Holter monitor is within normal limits, recommend continued investigation into the patient's clinical signs, as a cardiac cause is considered less likely.





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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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