



**PATIENT**

Oliver Bullock

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

18 Pounds

**INTERPRETED BY**

Sara Brethel, DVM,  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Banfield PH - North  
 Eugene

**REFERRING VET**

Dr. Mirate

**INVOICE**

37324

**DATE**

6/4/26

**PRESENTING CLINICAL SIGNS**

History: CARDIOPET proBNP - CANINE: 1230.0, Is there a Heart Murmur? If so, please grade: 2/6,  
 Current Medications: Cytopoint monthly inj

**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)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
<b>PATIENT</b>	--	--	1.04	1.46	35.53	--	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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	--	1.38	1.24	8.18	2.16	2.15	1.3

**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. Left ventricular systolic and diastolic function is within normal limits. 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 on today's evaluation. 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**

- Normal cardiac exam

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient's cardiac exam appears within normal limits. The mitral valve does not appear overly thickened, nor is mitral regurgitation identified on the images provided. With the elevated ProBNP in the presence of a murmur, there could be some mild degenerative mitral valve disease. However, this



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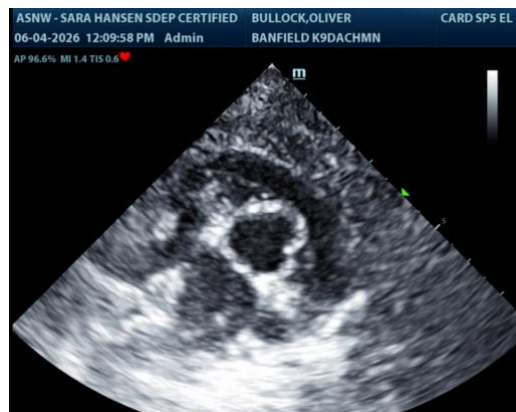
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is not readily identified. ProBNPs can be elevated for a myriad of other reasons as well and are not specific to cardiac disease. Given the patient's breed and predisposition to degenerative mitral valve disease, a recheck echo is recommended in 10 - 12 months, sooner if the murmur is changing in intensity or the patient is developing cardiovascular clinical signs. No cardiac therapies are indicated. The left atrial size is within normal limits.

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.

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.



**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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