



PATIENT

Chino Casco

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

12.4 Pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Creekside VC

REFERRING VET

Dr. Strahon

INVOICE

35640

DATE

11/24/25

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: Cardiovascular: Grade 6/6 heart murmur. Respiratory: WNL - normal BV sounds bilaterally. ABNORMAL Labwork Values Stage 2 renal dz w/ mild azotemia For ECHO Only: Blood Pressure N/A HR/RR/BP: HR: 150, RR: Not Noted, BP: Not noted Is there a Heart Murmur? If so, please grade. 6/6 L systolic murmur w/ palpable thrill Current Medications Pimobendan 2.5mg- 3/4 tab PO BID, Furosemide 12.5mg- 1.5 tab AM, 1 tab PM, Enalapril 5mg- 1/2 tab PO BID, Spironolactone 25mg- 1/2 tab SID, Galliprant - 20 mg Give 1/2 tablet by mouth once every 24 hours for pain and inflammation control.

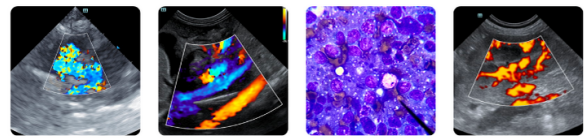
Abnormal PE/Chem/CBC/UA Results: Radiographic Findings 4/11/25: Radiographs (2 views, thorax) - significant cardiomegaly, moderate L atrial and L ventricular enlargement causing tracheal compression, R ventricular enlargement w/ significant globoid cardiac silhouette on VD view. Minimal interstitial pattern around the hilus, otherwise lungs appear wnl.

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	5.4	--	NM	1.85	--	--	0.16
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	--	1.18	0.85	5.63	3.4	3.04	1.7

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 moderately 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 regurgitation. There is no prolapse of the tricuspid valve leaflets. Previous mild pulmonary hypertension is not identified on the images provided. 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



PATIENT

Chino Casco

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

12.4 Pounds

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Creekside VC

REFERRING VET

Dr. Strahon

INVOICE

35640

DATE

11/24/25

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

- DVD stage C: Improved LA size when compared to previous images

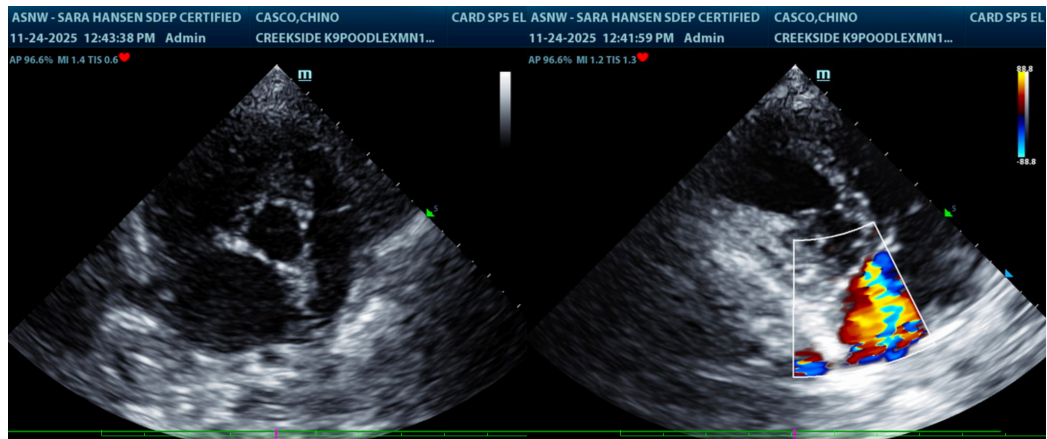
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient remains to have degenerative valve disease stage C. given the patients azotemia, ideally NSAID therapy would be discontinued. NSAID therapy promotes diuretic resistance when administered with diuretics and can worsen renal function. If needed, other pain options can be considered (ie: gabapentin). However, if the patient requires NSAID therapy for quality of life, this can be continued.

Recommend decreasing the enalapril to q24 (again due to the patient's azotemia) and then reassessing renal values in another 2-3 weeks.

Overall, the patient appears compensated based upon the images provided and continued monitoring is recommended.

Recheck echo and BP in 4-6 months, sooner if cardiovascular clinical signs are developing.



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)

info@SonoPath.com