

**PATIENT**

Peanut Tello

**SPECIES**

Canine

**BREED**

Maltese X

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

4.67 kg

**INTERPRETED BY**

Sara Brethel, DVM,  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Snelgrove VS

**REFERRING VET**

Dr. Ioannou

**INVOICE**

35652

**DATE**

11/24/25

**PRESENTING CLINICAL SIGNS**

History: Recheck ultrasound, previous report attached. Has been on Vetmedin 1.25mg BID. Monitor for progression.

Abnormal PE/Chem/CBC/UA Results: Please see attached previous echo report. Please read attached ECG.

**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>	Underest	2.0	Underest	2.2			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>	153	1.55	1.2	4.67	3.3	2.83	1.4

**ECG Interpretation**

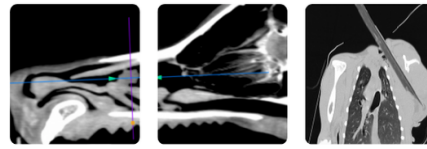
Sinus rhythm with sinus arrhythmia and periods of a sinus tachycardia.

**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 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.

**ULTRASONOGRAPHIC FINDINGS**

- Sinus rhythm



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- DVD stage B2
- No significant pulmonary hypertension

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient remains to have degenerative valve disease stage B2. With the history of coughing, chest radiographs are recommended to ensure there is no evidence of pulmonary edema. Cough suppression can be considered if there is no evidence of active CHF vs other infectious etiologies causing cough. Cough suppression with hydrocodone 0.2mg/kg PO q12 is often sufficient in controlling clinical signs.

Continued monitoring of respiratory rate and effort is recommended at home. There has been some progression in left atrial size when compared to the previous examination performed but additional therapies (other than cough suppression) are not recommended at this time

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.

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

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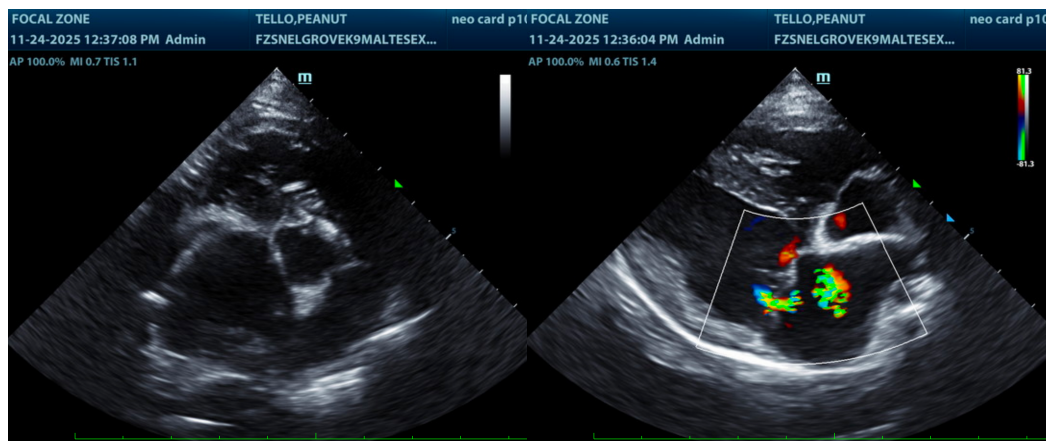
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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