



**PATIENT PRESENTING CLINICAL SIGNS**

Eddie Parisen Grade 2-3/6 murmur noted

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

Canine

**BREED**

Retriever

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

Not Provided

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (m-mode long axis)	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	5.6	N/A	1.4	NM	36	NM	0.4
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	192	1.6	0.8	N/A	5.5	5.2	3.3

**INTERPRETED BY**

Tam Mengine, DVM, DABVP (canine/feline practice)

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Sova Animal Hospital

**REFERRING VET**

Dr. Ammeraal

**INVOICE**

12597

**DATE**

12/05/25

**Cardiac Presentation**

The **left atrium** is subjectively mildly enlarged. The **left ventricle** is subjectively, mildly dilated with normal wall thickness and demonstrates good systolic function. The **right atrium** is subjectively of normal size and **right ventricle** dimensions, and systolic function are subjectively normal. There is **mitral valve** regurgitation noted, and no **tricuspid valve** regurgitation noted. No vegetative lesions were seen. The **aortic** and **pulmonary valves** both exhibit normal appearance and function. The **main pulmonary artery** appears normal. There is no evidence of clinically significant pulmonary hypertension. No pericardial/pleural effusion or cardiac masses are seen. There is no evidence of an arrhythmia.

**ULTRASONOGRAPHIC FINDINGS**

Myxomatous mitral valve disease – Stage B2

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Begin Pimobendan at 0.1- 0.3mg/kg BID.
- Daily monitoring of the sleeping respiratory rate at home is recommended, and if the sleeping respiratory exceeds 35 breaths per minute, then a prompt recheck physical examination and chest radiographs to assess for pulmonary edema would be warranted.
- The patient may benefit from a cardiac diet such as Purina’s “CardioCare” veterinary diet. Omega-3 Fatty acid supplementation may also be of benefit.
- Extremely vigorous exercise should be avoided, but there are no restrictions on moderate exercise, such as leash walking.



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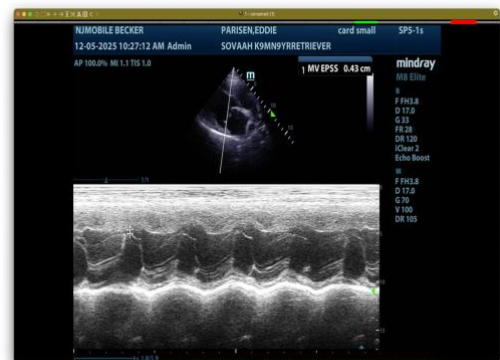
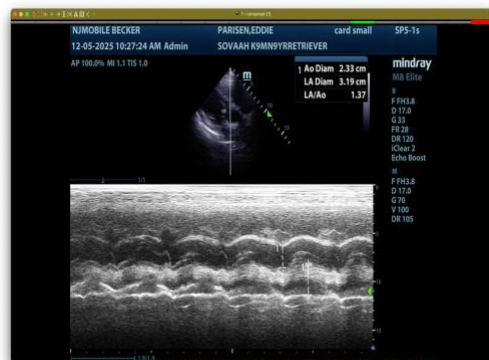
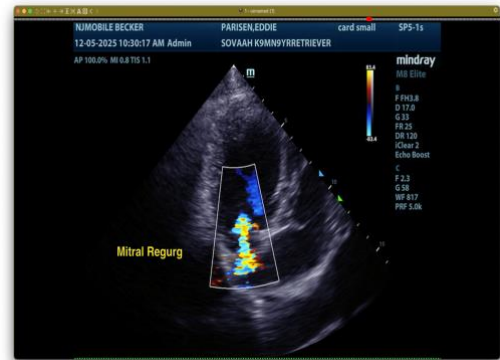
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- Recheck echocardiogram is recommended in 6-8 months. MMVD is a progressive disease, and it is likely that additional medication may be needed in the future.
- If anesthesia is needed, the following recommendations are suggested:
  - If possible, wait 2-3 weeks after starting Pimobendan before proceeding with anesthesia
  - Avoid a-2 agonists such as dexmedetomidine and xylazine.
  - Pre-medication with an opiate and a benzodiazepine is recommended. Additionally, Gabapentin 10mg/kg PO and trazodone 5mg/kg PO given first thing in the morning on the day of the procedure can further reduce inhalant anesthetic requirements.
  - Pre-oxygenation, followed by induction with propofol or Alfaxalone is recommended, followed by maintenance with isoflurane or sevoflurane.
  - When feasible, the use of local anesthetic blocks can decrease maintenance anesthetic requirements.
  - Moderate use of IV fluids throughout the procedure is recommended, with a starting dose of 3-5ml/kg/hr, with modest increases as needed to support blood pressure, but not to exceed a total volume of 20-30ml/kg for the procedure. The minimum volume necessary to maintain adequate blood pressure is desirable.
  - Use atropine, if necessary, to maintain a HR > 90 throughout the procedure. If available, a dopamine or dobutamine CRI can be used for additional blood pressure support if the patient experiences hypotension.





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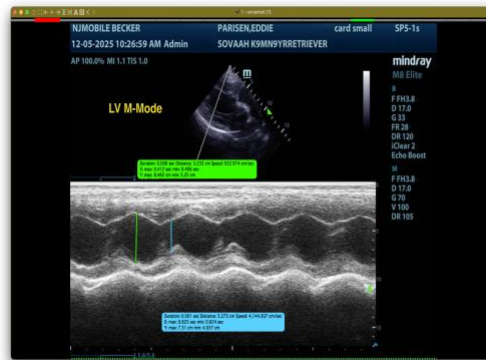
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Tam Mengine, DVM, DABVP (canine/feline practice)**

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