



**PATIENT**

Buddy Hrabel

**SPECIES**

Canine

**BREED**

Yorkie Mix

**SEX**

Neutered Male

**AGE**

13 Years 6 Months

**WEIGHT**

12.8 Pounds

**INTERPRETED BY**

Tam Mengine DVM,  
DABVP (Canine/Feline  
Practice)

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Sova AH

**REFERRING VET**

Dr. Ammeraal

**INVOICE**

35984

**DATE**

2/27/26

**PRESENTING CLINICAL SIGNS**

- Grade 4-5/6 murmur
- prev US 9/19/25- Elsewhere- Stage B2 Cardiac DZ
- Mitral endocardiosis
- Femoral pulses strong
- Meds: Pimobendan 2.5 mg 1/2 tab PO BID, Simparica Trio

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

<b>CANINE CARDIAC PARAMETERS</b>	<b>MR VMAX (m/s)</b>	<b>TR VMAX (m/s)</b>	<b>LA/AO (m-mode long axis)</b>	<b>LA/AO (Heart Base; Swe)</b>	<b>FS (%)</b>	<b>EF (%)</b>	<b>EPSS (cm)</b>
<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>	6.3	N/A	1.8	1.7	53	85	0.2
<b>CANINE CARDIAC PARAMETERS</b>	<b>HR (BPM)</b>	<b>AV VMAX (m/s)</b>	<b>PV MAX (m/s)</b>	<b>BODY WEIGHT (kg)</b>	<b>LAD LA MAX 4 Chamber</b>	<b>LVIDd Avg; 2D and m-mode short axis (cm)</b>	<b>LVIDs Avg; 2D and m-mode short axis (cm)</b>
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	192	1.5	1.0	5.8	3.3	3.2	1.5

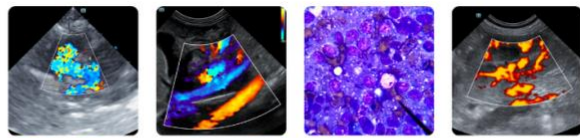
**Cardiac Presentation**

The **left atrium** is mildly enlarged with no evidence of smoke or thrombus formation. The **left ventricle** demonstrates eccentric hypertrophy 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 significant **mitral valve** regurgitation, with prolapse of the anterior leaflet, and no **tricuspid valve** regurgitation noted, with irregular thickening of the mitral valve leaflets. No vegetative lesions were seen. The mitral E-wave Velocity is 1.0 m/s, the mitral A-wave Velocity is 0.7 m/s, consistent with mildly increased left ventricular filling pressures. 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 (MMVD) – Stage B2

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



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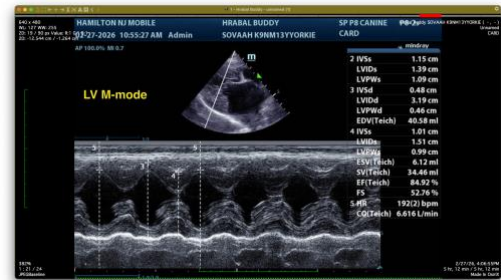
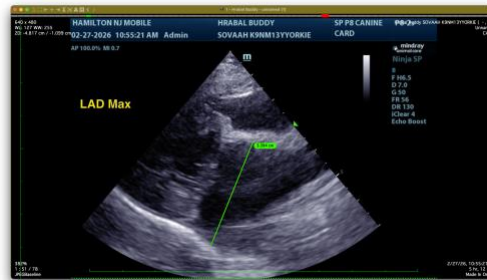
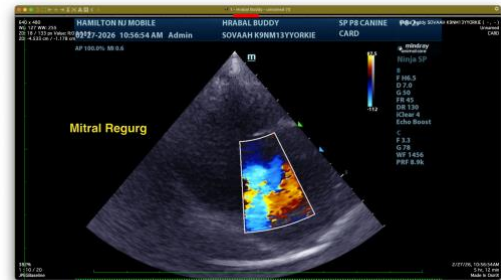
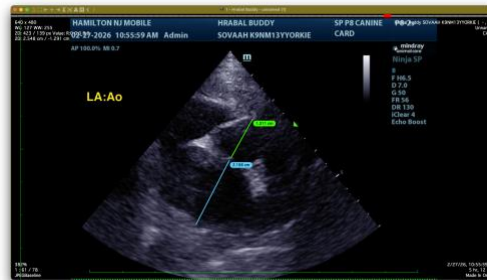
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**

info@SonoPath.com