



**PATIENT**

Sophie Davis

**SPECIES**

Canine

**BREED**

Bernese Mtn. Dog

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

48.5 kg

**INTERPRETED BY**

Bradley Harris, DVM,  
DACVECC, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Dr. Gira

**HOSPITAL NAME**

Midlake VC

**REFERRING VET**

Dr. Dev Gunput-Rao

**INVOICE**

35348

**DATE**

1/9/26

**PRESENTING CLINICAL SIGNS**

History of Soft tissue sarcoma on chest, that was reoccurred despite very wide and deep surgical margins. Precautionary scan and met check.

Abnormal PE/Chem/CBC/UA Results: NSF

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN**

CANINE CARDIAC PARAMETERS	BW	HR BPM	LAD 4 ch Long	RAD 4 ch Long	La/Ao Heart Base	LVIDd	LVIDs
<b>NORMAL PARAMETER</b>		50-100			<1.6		
<b>PATIENT</b>	48.5	120	4.44	2.97	1.38	3.97	2.10
CANINE CARDIAC PARAMETERS	FS	EPSS	PV V MAX (m/s)	AV V Max (m/sec)	MR Vmax	TR Vmax	RPA distensibility (normal >30%)
<b>NORMAL PARAMETER</b>	28-40	<0.6	0.7-1.6	0.7-1.7	4.5-5.5	< 2.7	
<b>PATIENT</b>	47	0.5	1.0	1.4	--	--	43

**Cardiac Presentation**

The left atrium is normal in dimension. The left ventricle is normal in dimension with normal systolic function. The right atrium and ventricle are subjectively normal in dimension and systolic function. The anterior and posterior mitral and tricuspid valve leaflets presented normal linear structure, extension in systole, and union in diastole without regurgitation, prolapse, or myxomatous changes noted. The left ventricular outflow tract demonstrated normal laminar flow and the visible aorta is unremarkable. The right ventricular outflow tract assessment revealed normal laminar flow, and appropriate diameter and distensibility. There is no evidence of semilunar valve insufficiency. There is no visible pericardial, pleural, or free peritoneal fluid noted. The cardiac chambers, pericardial and visible extra-cardiac regions were free of masses, spontaneous echo contrast, or thrombi.

**Urinary System**

The urinary bladder is adequately distended with anechoic urine. The bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.



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The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. The left kidney measures 7.22 cm. The right kidney measures 6.76 cm.

### **Adrenal Glands**

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measures 0.49 cm x 2.55 cm. The right adrenal gland measures 0.58 cm x 2.78 cm.

### **Spleen**

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented.

### **Liver**

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has a mild amount of suspended echogenic debris and dependent sediment. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

### **Gastrointestinal**

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

### **Pancreas**

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

### **Free Abdomen**

There are slightly prominent iliac, sublumbar, and jejunal lymph nodes with normal length to width ratios and isoechoic parenchymal detail. There is no free fluid.

## ULTRASONOGRAPHIC FINDINGS

- The cardiac findings are consistent with an essentially normal echocardiogram. Any murmur will be considered functional in origin. No cardiac cause of the morbidity is identified.
- The gallbladder contains echogenic, suspended and dependent unorganized debris. This is not yet to the level of an organized mucocele, however early/developing mucocele cannot be



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ruled out. This dependent sediment is often an incidental finding, or may be associated with concurrent endocrine disease such as hyperadrenocorticism or diabetes mellitus.

- The slightly prominent iliac, sublumbal, and jejunal lymph nodes display no loss of parenchymal detail or change in echogenicity. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

### Recommendations:

Given these findings, no cardiac therapy is recommended. There are no cardiac contraindications to fluid therapy or corticosteroid therapy, as indicated for further assessment and treatment. No specific cardiac recheck is recommended unless a murmur or clinical signs of heart disease develop.

### Anesthesia considerations:

No special considerations are necessary.

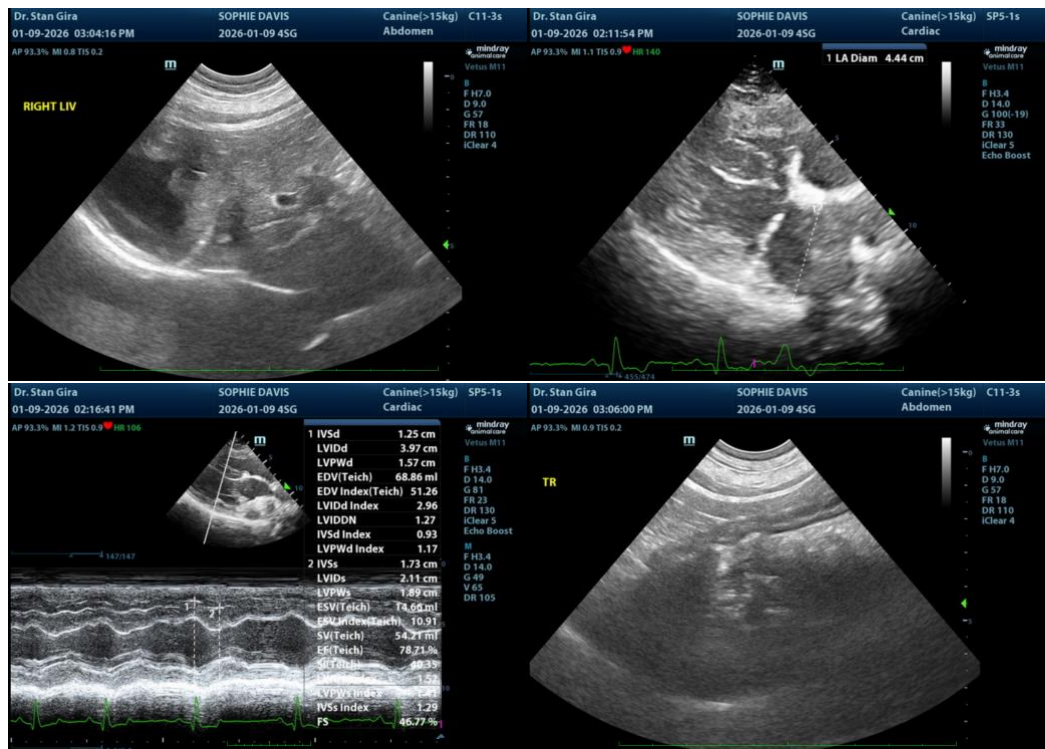
### Diet:

No special considerations are necessary. Any high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina is reasonable.

### Activity:

No special considerations are necessary.

There is no evidence of metastatic neoplastic disease noted in the abdomen.





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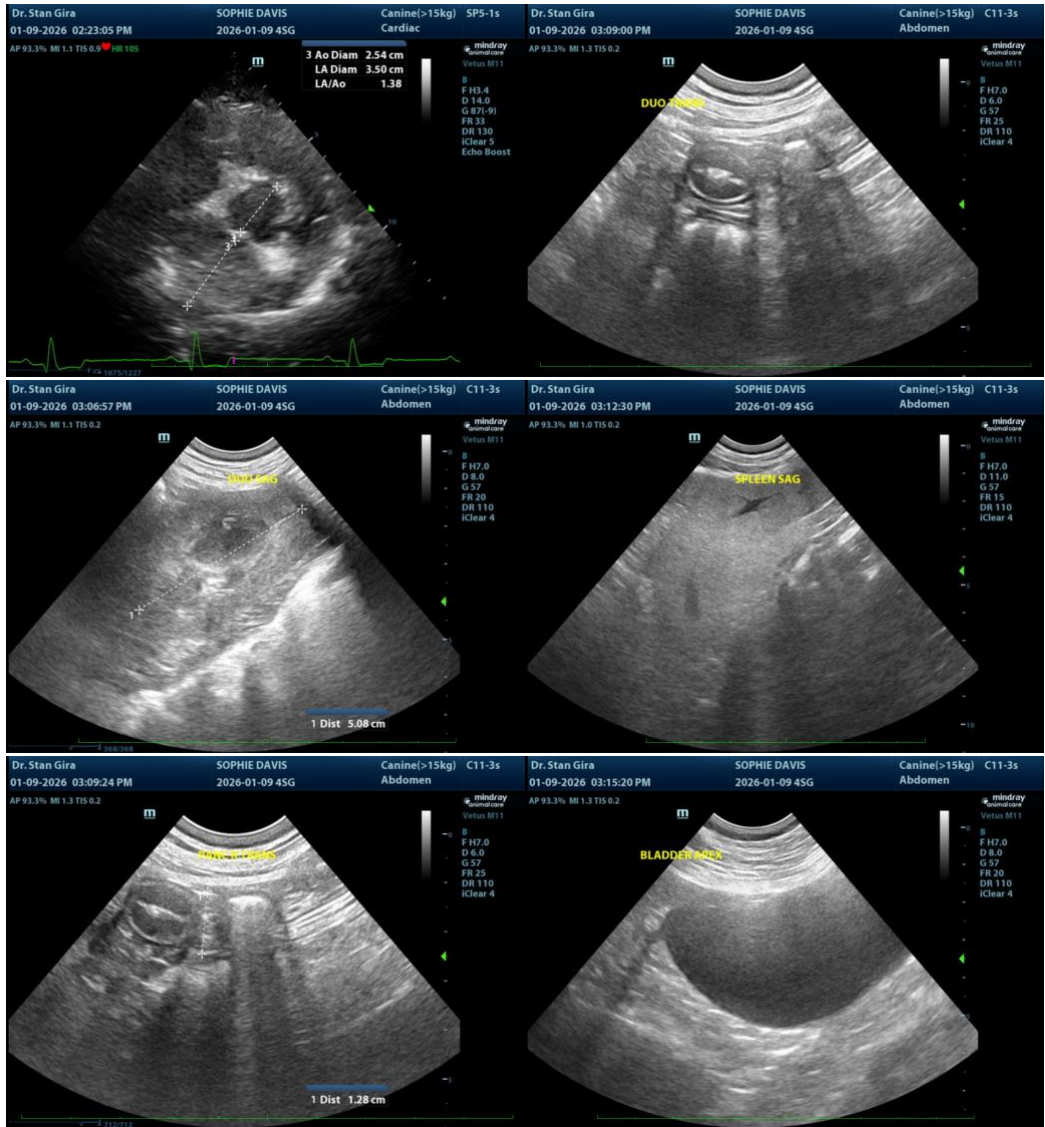
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Bradley Harris, DVM, DACVECC, DACVIM (Cardiology)**

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