



PATIENT

Zoe Scott

SPECIES

Canine

BREED

Bulldog x

SEX

Spayed Female

AGE

8 Years 4 Months

WEIGHT

13.9 kg

INTERPRETED BY

Brad Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Mariusz Chmielinski,
DVM

HOSPITAL NAME

Apex Veterinary
Services, Ltd.

REFERRING VET

Alpine 24/7 ER

INVOICE

72468

DATE

1/25/26

PRESENTING CLINICAL SIGNS

Zoe presented for evaluation of an episodic collapse with altered awareness

Current episode: Occurred at home while resting on the bed. Zoe was looking out the window and collapsed shortly after being petted. During the episode: Sudden collapse/fall. Body stiffening with nails extended. Facial scrunching. Minimally responsive / appeared unaware. Minimal paddling; no active running movements. Grunting (“mm” noise). Eyes open; pupils reportedly normal. No foaming, urination, or defecation observed. Owner perceived heart to be “booming” (tachycardia). Duration: Approximately 1 minute. Recovery: Gradual return to baseline with licking and normal behavior; short recovery period.

Christmas (~1 month prior): Brief (~30 sec) episode with facial scrunching and lifting of a hind limb; unclear etiology (seizure vs pain); resolved spontaneously.

Abnormal PE/Chem/CBC/UA Results: Vital Signs • Temperature: 39.2°C, Heart Rate: 122 bpm, regular (1:1), Respiratory Rate: 26/min, non-labored, Mucous Membranes / CRT: Pink, moist / <2 sec, Blood Pressure: 146/124 mmHg (MAP 128), Mentation: BAR, Hydration: Adequate • Cardiovascular: Grade 1-2/6 systolic murmur; normal rhythm; pulses adequate; no edema or effusions

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

| CANINE CARDIAC PARAMETERS | BW | HR BPM | LAD 4 ch Long | RAD 4 ch Long | La/Ao Heart Base | LVIDd | LVIDs |
|---------------------------|-------|--------|----------------|------------------|------------------|---------|----------------------------------|
| NORMAL PARAMETER | | 50-100 | | | <1.6 | | |
| PATIENT | 13.9 | NM | 2.91 | NM | 1.38 | 3.12 | 1.71 |
| CANINE CARDIAC PARAMETERS | FS | EPSS | PV V MAX (m/s) | AV V Max (m/sec) | MR Vmax | TR Vmax | RPA distensibility (normal >30%) |
| NORMAL PARAMETER | 28-40 | <0.6 | 0.7-1.6 | 0.7-1.7 | 4.5-5.5 | < 2.7 | |
| PATIENT | 45 | 0.1 | 1.0 | 2.3 | -- | -- | 37 |

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 normal in dimension, with normal systolic function. The anterior and posterior mitral valve leaflets are appropriately thin with adequate apposition, intact chordae, and there is no significant prolapse. There is no significant mitral regurgitation identified. The tricuspid valve leaflets are appropriately thin with adequate apposition, intact chordae, no significant tricuspid regurgitation and no evidence of pulmonary hypertension. 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



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no pulmonic and no aortic valve insufficiency identified. There is no visible pericardial, pleural, or free peritoneal fluid documented. No evidence of hepatic venous congestion is noted. The cardiac chambers, pericardial and visible extra-cardiac regions were free of masses, spontaneous echo contrast, or thrombi.

ULTRASONOGRAPHIC FINDINGS

- These findings are consistent with an essentially normal echocardiogram. Any murmur will be considered functional in origin (secondary to a dynamic left ventricular outflow tract obstruction). No cardiac cause of the morbidity is identified.

INTERPRETATION OF THE FINDINGS & FURTHER 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:

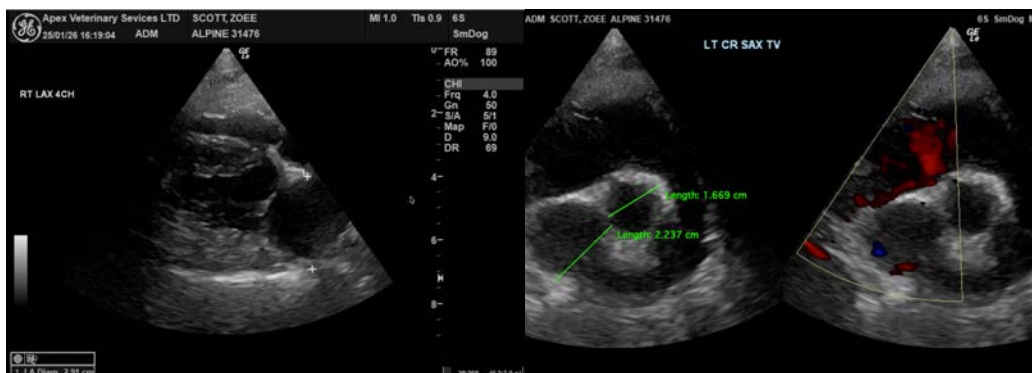
No special considerations are necessary.

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.





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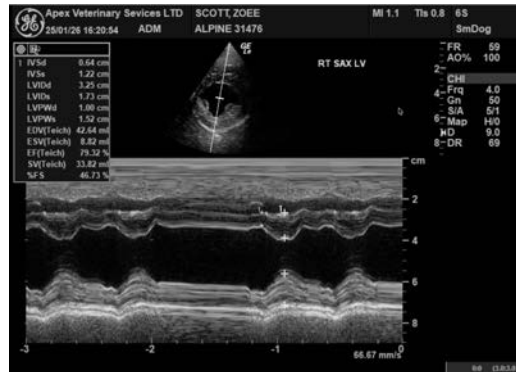
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com