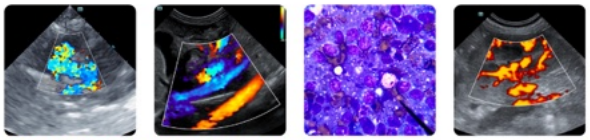


PATIENT

Jethro Gomez-Fratoni

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered male

AGE

13 years

WEIGHT

20.2 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Ethan Bloomer

HOSPITAL NAME

Echosound Veterinary Mobile Imaging Services

REFERRING VET

Dr. Loryn

INVOICE

68642

DATE

11/13/25

PRESENTING CLINICAL SIGNS

History: Patient presented to the ER on 10/27 for acute recumbency, head tilt, and inability to walk. He historically has a worsening cough and a Grade 3/6 systolic heart murmur, and was believed to be in CHF earlier in the year and had been on Furosemide (dose unknown) until seeing the ER. Patient was diagnosed with severe hypertension at 259 mmHg, which improved while hospitalized on Amlodipine. A review of new and old radiographs showed no pulmonary edema, so it was recommended to stop Furosemide due to a lower likelihood of CHF being present. Cardiac work-up was recommended to assess this patient further as they were suspicious of a stroke leading to his clinical signs vs. vestibular event. Patient is still currently on Amlodipine at ~0.18 mg/kg SID.
Abnormal PE/Chem/CBC/UA Results: Grade 3/6 systolic heart murmur, severe hypertension, thrombocytosis (621) and mildly elevated ALP (290) on bloodwork. On exam at ER, patient was non-ambulatory, had a L-sided head tilt, rolling to the left, and had rotary nystagmus with fast phase to the R.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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 mitral valve is thickened and redundant consistent with myxomatous changes, and there is mild prolapse. There is evidence of moderate mitral regurgitation. The tricuspid valve leaflets are minimally thickened with trivial 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 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.

CANINE CARDIAC PARAMETERS	Body Weight kg	HR BPM	LAD 4 ch Long	RAD 4 ch Long	La/Ao Heart Base	LVIDd	LVIDs
NORMAL PARAMETER		50-100			<1.6		
PATIENT	20.2 kg	NM	3.94	2.14	1.44	3.51	1.85
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	47	0.3	1.1	1.6	5.3	NM	NM

ULTRASONOGRAPHIC FINDINGS

These findings are consistent with degenerative/myxomatous mitral valve disease with minimal to mild hemodynamic effects consistent with ACVIM Stage B1 disease. It is unlikely that any current morbidity is of cardiac origin. There is no overt effect of the chronic hypertension noted on this study. A

PATIENT

Jethro Gomez-Fratoni

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered male

AGE

13 years

WEIGHT

20.2 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Ethan Bloomer

HOSPITAL NAME

Echosound Veterinary Mobile Imaging Services

REFERRING VET

Dr. Loryn

INVOICE

68642

DATE

11/13/25

hypertensive crisis or occult thromboembolic disease cannot be excluded as an underlying etiology for the reported episode.

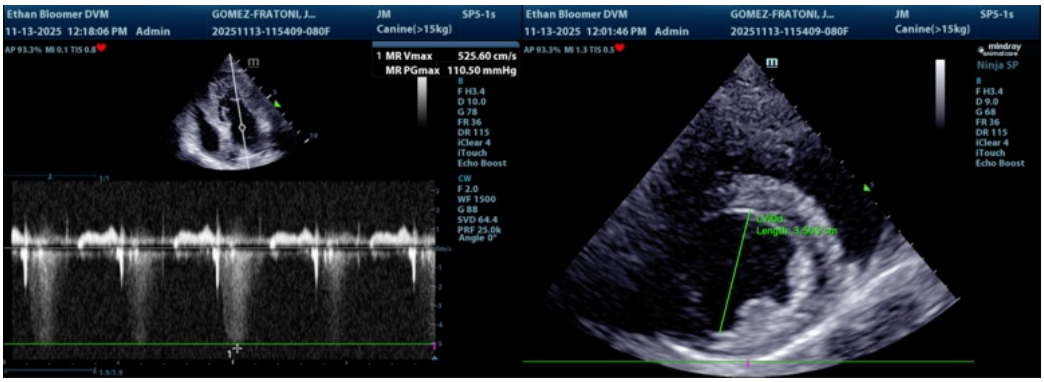
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

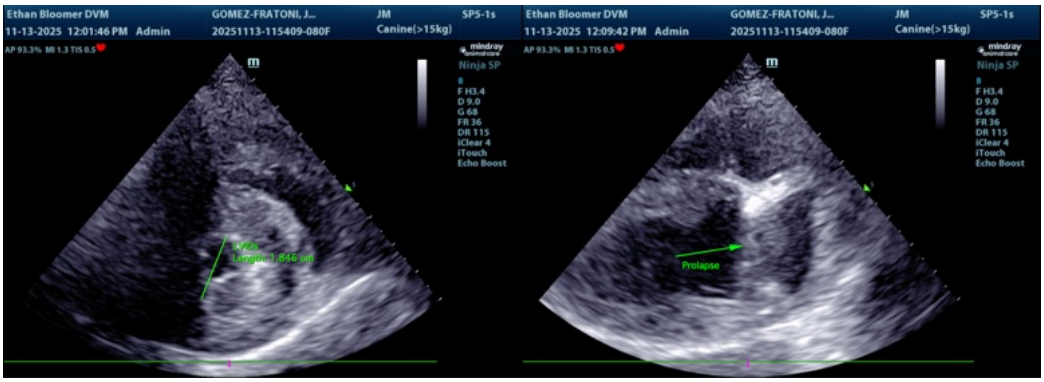
Given these findings, no cardiac therapy is recommended. Continued amlodipine to effect is reasonable, and the addition of enalapril (0.25-0.5mg/kg BID) should also be considered if necessary. There are no cardiac contraindications to anesthesia, fluid therapy, vasopressor therapy, or corticosteroids as indicated for further assessment and treatment. If not already performed, baseline thoracic radiographs and blood pressure are recommended. A recheck echocardiogram is recommended in 6 months.

Anesthesia considerations:
If anesthesia is necessary, alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a conservative rate (e.g., 5 ml/kg/hour) if possible.

Diet:
A high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina that is highly palatable with adequate protein and calories for maintaining optimal body condition is reasonable.

Activity:
No special considerations are necessary.





PATIENT

Jethro Gomez-Fratoni

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered male

AGE

13 years

WEIGHT

20.2 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Ethan Bloomer

HOSPITAL NAME

Echosound Veterinary Mobile Imaging Services

REFERRING VET

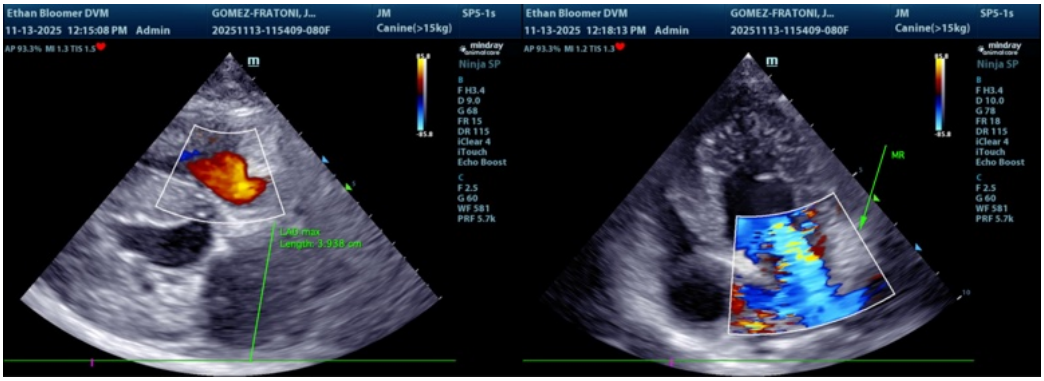
Dr. Loryn

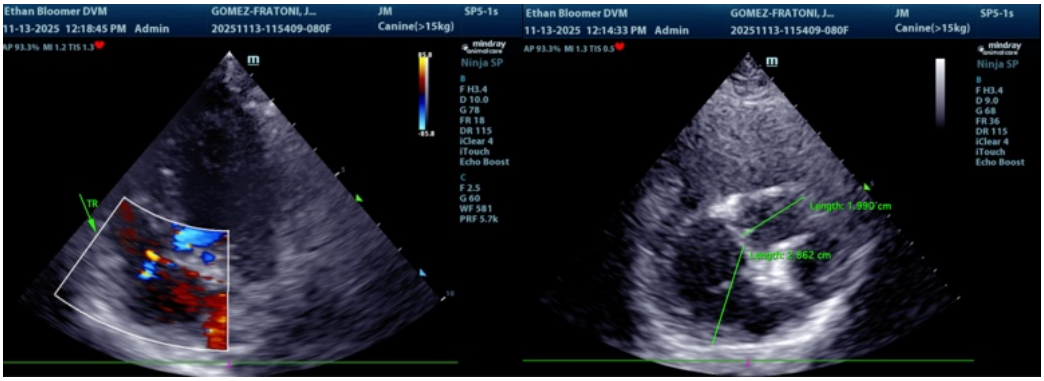
INVOICE

68642

DATE

11/13/25





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)

info@SonoPath.com