

**PATIENT**

Jake Blanton

**SPECIES**

Canine

**BREED**

Yorkie X

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

5.6 kg

**INTERPRETED BY**

Bradley Harris, DVM,  
 DACVECC, DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Andrea Nicastro, DVM,  
 DACVIM

**HOSPITAL NAME**

VSC Blue Pearl Mt.  
 Pleasant

**REFERRING VET**

Dr. Kitzmiller

**INVOICE**

35584

**DATE**

11/23/25

**PRESENTING CLINICAL SIGNS**

History: P presented on 11/20 for vomiting and lethargy x 10 days. Workup revealed significant renal azotemia, suspected to be the cause of his GI signs. New cardiac murmur also noted on intake (grade 3/6). Initial CXR performed on 11/20 revealed suspected mild left atrial enlargement, but no pulmonary edema. AUS revealed decreased CM distinction and nephrocalcinosis, suggesting AKI on top of preexisting CKD. Renal values had been normal at last check in April 2025. Hospitalized and treated with aggressive IV fluid diuresis, anti-emetics, antacids, antibiotics, prokinetics, and appetite stimulants. Scant peritoneal effusion noted 11/21. Peritoneal effusion has since resolved. New finding of mild-moderate bilateral pleural effusion was noted on POCUS 11/22. P has remained eupneic despite this. P had gained some weight and became hypothermic, so fluid overload +/- CHF was suspected as the cause of the pleural effusion given the new heart murmur (had improved to grade 2/6 on 11/21). IV fluids were stopped for ~7 hours. CXR were repeated on 11/22, which did not reveal any significant cardiomegaly, and radiologist reported suspected pneumonia as the cause of the pleural effusion rather than CHF. P was initially placed on enteric water via NGT, but sneezed out the NGT, so was restarted on IV fluids at 50 ml/kg/day. P has tolerated this well overnight with no dyspnea and static pleural effusion. Murmur has continued to improve and is now only a focal/faint grade 1/6. P has remained anorexic.

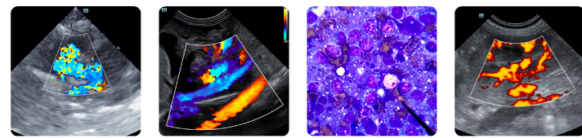
Abnormal PE/Chem/CBC/UA Results: BP, 180, 160.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

<b>CANINE CARDIAC PARAMETERS</b>	<b>BW</b>	<b>HR BPM</b>	<b>LAD 4 ch Long</b>	<b>RAD 4 ch Long</b>	<b>La/Ao Heart Base</b>	<b>LVIDd</b>	<b>LVIDs</b>
<b>NORMAL PARAMETER</b>		50-100			<1.6		
<b>PATIENT</b>	5.6	110	2.32	1.90	1.36	1.75	0.99
<b>CANINE CARDIAC PARAMETERS</b>	<b>FS</b>	<b>EPSS</b>	<b>PV V MAX (m/s)</b>	<b>AV V Max (m/sec)</b>	<b>MR Vmax</b>	<b>TR Vmax</b>	<b>RPA distensibility (normal &gt;30%)</b>
<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>	43	0.4	1.2	1.9	--	--	42

**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



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anterior and posterior mitral and tricuspid valve leaflets presented normal linear structure, extension in systole, and union in diastole without definitive 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 mild pleural effusion, but no visible pericardial or free peritoneal fluid 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. Pleural effusion in isolation (without concurrent ascites or pericardial effusion) is an uncommon manifestation of congestive heart failure in dogs. No cardiac cause of the morbidity is identified.

**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. Consider thoracocentesis with fluid analysis and cytology. No specific cardiac recheck is recommended unless a murmur or clinical signs of heart disease develop.

Anesthesia considerations:

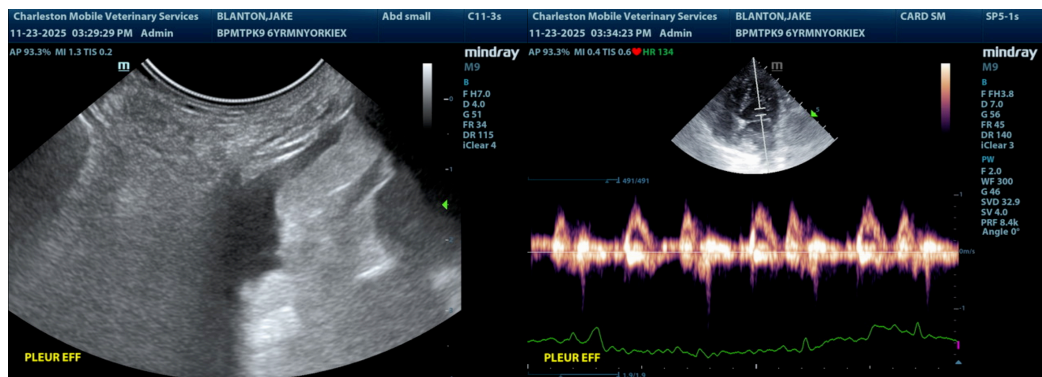
No special considerations are necessary.

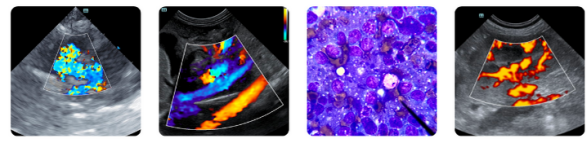
Diet:

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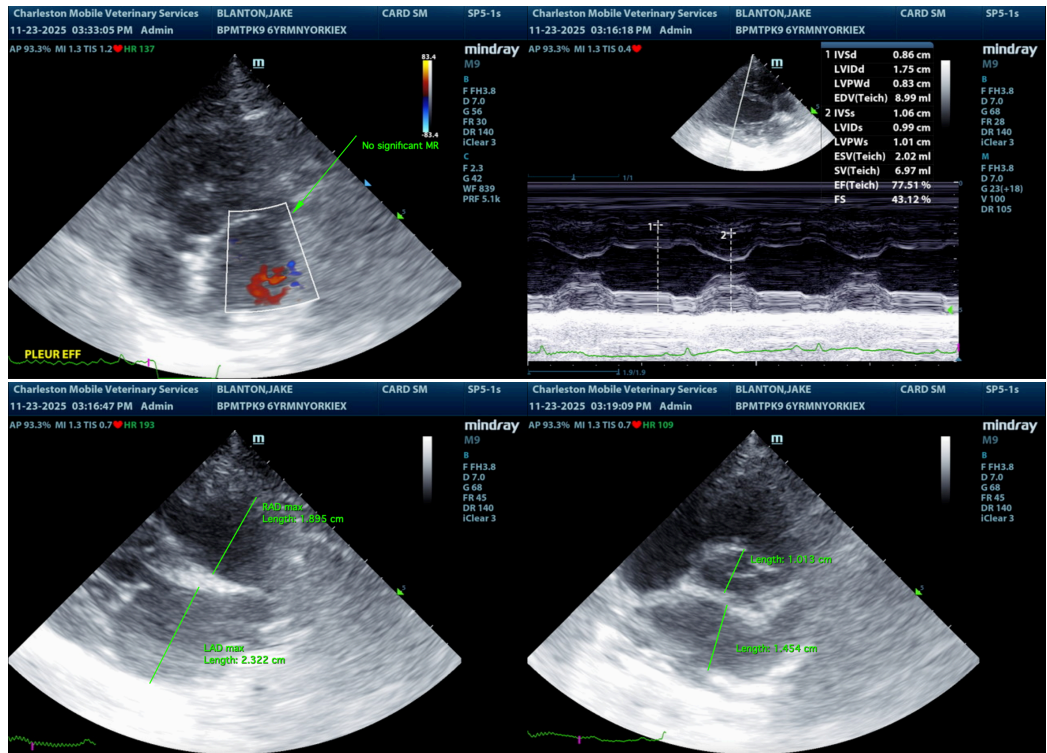
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

[info@SonoPath.com](mailto:info@SonoPath.com)