



PATIENT

Nala Carey

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed female

AGE

8 years

WEIGHT

11.3 kg

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Tuxedo AH

REFERRING VET

Dr. Carey

INVOICE

69005

DATE

11/25/25

PRESENTING CLINICAL SIGNS

History: May 2022 diagnosed with DCM possibly related to grain free diet Grain free diet was discontinued Followup echo Nov 2022 showed improvement Follow up echo Jan 2024: The left ventricle remains mildly dilated and stable in size from the prior study, but has improved when compared to the initial study. Systolic function remains normal and is similar to the prior study. Trivial mitral and tricuspid regurgitation are present. Dog was on sprionolactone but stopped in Feb '24 April 2024 dog had an episode of acting clingy, unsettled, and rapid breathing after being startled by sound of a plastic bag in the kitchen. Lasted about 6 hours. Owner concerned the startle may have destabilized dog's heart condition and owner restarted spironolactone . Dog normal at exam soon after this event. No further events Current meds: Vetmedin 2.5mg BID Spironolactone 12.5mg BID
Abnormal PE/Chem/CBC/UA Results: Normal PE when dog was seen for breathing event No murmur No arrhythmia No weight loss

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is normal in dimension. The left ventricle is upper limits of 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.

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	11.3 kg	NM	2.93	2.27	1.29	3.57	1.81
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	49	NM	1.4	1.7	None	None	NM



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ULTRASONOGRAPHIC FINDINGS

These findings are consistent with an essentially normal echocardiogram. The previously noted mitral and tricuspid valve regurgitation is not identified on the current study, but is likely secondary to very early degenerative atrioventricular valve disease. No cardiac cause of the morbidity is identified. There does not appear to be any significant progression from the last reported examination.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no changes to cardiac therapy are recommended. There is merit to considering discontinuing current cardiac medications, but the risk of relapse cannot be eliminated, and repeated evaluations will be necessary. In the absence of adverse effects of the medications, continued therapy is reasonable. There are no cardiac contraindications to fluid therapy or corticosteroid therapy, as indicated for further assessment and treatment. A cardiac recheck is recommended in 1 year or sooner if 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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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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