

PATIENT

Oliver Miller

SPECIES

Canine

BREED

Miniature Poodle

SEX

MN

AGE

14 years

WEIGHT

15.6 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Banfield – Salem
Lancaster

REFERRING VET

Dr. Alger

INVOICE

10824

DATE

11/25/2025

PRESENTING CLINICAL SIGNS

Right head tilt * recent history of idiopathic vestibular disease - ER visit - October 2025 -History of intermittent seizures >5 years (not on any medication) -cataracts OU, cherry eye OS, blind OU -Grade 2 left sided systolic murmur diagnosed at ER visit October 2025 -ECG normal 8/14/2025 with dental performed ABNORMAL Labwork Values Bloodwork 10/26/2025: ALT 146 (10-125), CHOL 338 (110-320) 8/14/2025 - Urine casts in UA For ECHO Only: Blood Pressure -Blood pressure recheck values 11/1/2025 **On enalapril: MAP 79 (101/74) 93 BPM MAP 101 (121/98) 117 BPM MAP 112 (145/100) 107 BPM HR/RR/BP: 11/21/2025: TPR: 99.5F (aural), 130 bpm, 50/sniffing brpm Is there a Heart Murmur? If so, please grade. Grade 2 Current Medications -Enalapril 5mg tablet - 1 tablet every 24 hours by mouth - started after ER visit October 2025 Radiographic Findings No thoracic radiographs.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

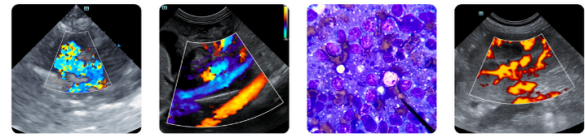
CANINE CARDIAC PARAMETERS	BW	HR BPM	LAD 4 ch Long	RAD 4 ch Long	La/Ao Heart Base	LVIDd	LVIDs
NORMAL PARAMETER		50-100			<1.6		
PATIENT	7.09 kg	NM	3.03	1.89	1.28	3.0	2.10
CANINE CARDIAC PARAMETERS	FS	EPSS	PV V MAX (m/s)	AV V Max (m/sec)	MR Vmax	TR Vmax	RPA distensibility (normal >30%)
NORMAL PARAMETER	28-40	<0.6	0.7-1.6	0.7-1.7	4.5-5.5	< 2.7	
PATIENT	30	0.2	1.0	1.0	6.0	2.5	30%

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

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.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy is recommended. 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:

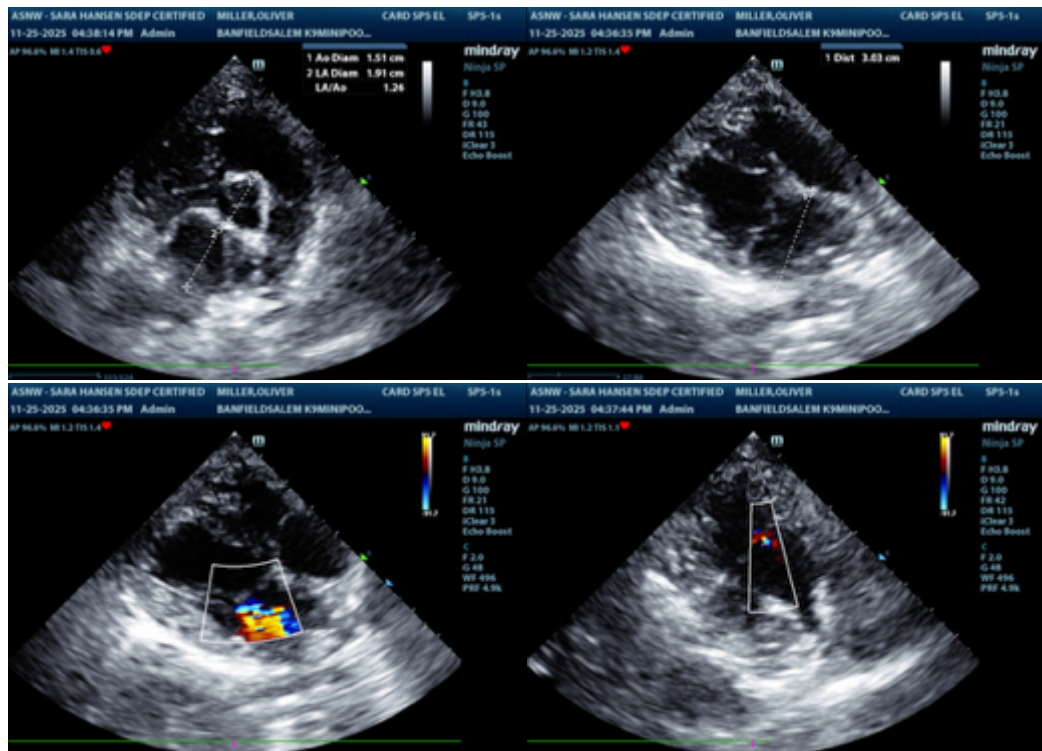
If anesthesia is necessary, alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a conservative rate (e.g., 5 ml/kg/hour) if possible.

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.



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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