



PATIENT

Eric Johnson

PRESENTING CLINICAL SIGNS

Atrial Fibrillation Meds- diltiazem 60mg bid got 30mg this AM
Abnormal PE/Chem/CBC/UA Results: CK-428 ph-8.5 prot-3+ wbc-75-100

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Leonberger

SEX

Male

AGE

8.5 Years

WEIGHT

148 lbs

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	67.27 kg	290	5.64	3.42	1.32	5.33	3.46
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	35	0.7	1.1	1.7	NM	NM	NM

INTERPRETED BY

Brad Harris, DVM,
DACVECC, Residency
trained in cardiology

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 no significant prolapse. There is evidence of mild mitral regurgitation. The tricuspid valve leaflets are subjectively normal 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.

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

American Animal
Hospital

REFERRING VET

Dr. Stockmall

ULTRASONOGRAPHIC FINDINGS

- These findings are consistent with degenerative/myxomatous mitral valve disease with minimal to mild hemodynamic effects consistent with ACVIM Stage B1 disease. A tachyarrhythmia is noted, but further assessment cannot be made without an ECG provided.

INVOICE

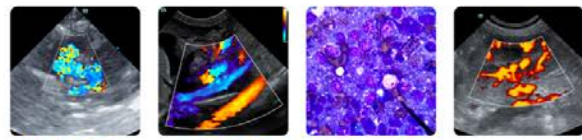
72227

DATE

12/1/25

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. A diagnostic ECG with paper speed of 25mm/s and 50mm/s is recommended for further evaluation of the tachycardia. If not already performed, baseline thoracic radiographs and blood



PATIENT

pressure are recommended. A recheck echocardiogram is recommended in 6 months.

Eric Johnson

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.

SPECIES

Canine

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.

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Activity:

No special considerations are necessary.

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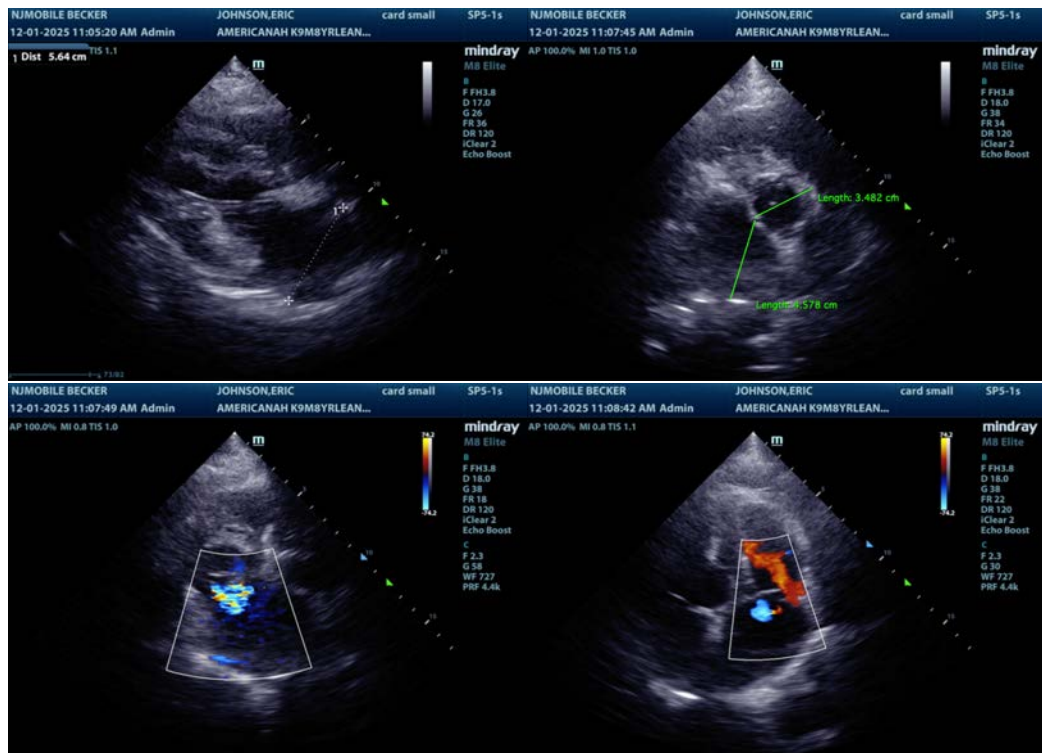
Dr. Stockmall

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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, Residency trained in cardiology

info@SonoPath.com