



**PATIENT**

Oaklea Breckwoldt

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

FS

**AGE**

10.9 years

**WEIGHT**

91.5 lbs

**INTERPRETED BY**

Bradley Harris, DVM,  
 DACVECC, DACVIM  
 (cardiology)

**IMAGING PERFORMED BY**

Ginny Dodd

**HOSPITAL NAME**

Monroe Road Animal  
 Hospital

**REFERRING VET**

Dr. Russell Breckwoldt

**INVOICE**

10869

**DATE**

12/5/2025

**PRESENTING CLINICAL SIGNS**

H/O proteinuria for past 3 years and obesity Owner has problems giving Enalapril Recently pet has been panting excessively.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 7/9, no murmur, no crackles or wheezes, tachypnea esp when anxious- had Trazadone and Gabapentin, gave Torbutrol 5 mg during AUS CBC- normal CHEM- proBNP 3365, ALP 647 UA 1.015, pH 6.0, +3 protein, no active sediment Thoracic rads- no masses seen.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

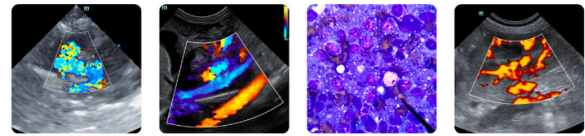
CANINE CARDIAC PARAMETERS	BW	HR BPM	LAD 4 ch Long	RAD 4 ch Long	La/Ao Heart Base	LVIDd	LVIDs
NORMAL PARAMETER		50-100			<1.6		
PATIENT	41.59 kg	200	3.89	3.29	1.35	4.27	3.18
CANINE CARDIAC PARAMETERS	FS	EPSS	PV V MAX (m/s)	AV V Max (m/sec)	MR Vmax	TR Vmax	RPA distensibility (normal >30%)
NORMAL PARAMETER	28-40	<0.6	0.7-1.6	0.7-1.7	4.5-5.5	< 2.7	
PATIENT	26	0.5	0.9	1.2	NM	2.4	NM

**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 slightly prominent in dimension with normal systolic function. The anterior and posterior mitral valve leaflets presented normal linear structure, extension in systole, and union in diastole without regurgitation, prolapse, or myxomatous changes noted. There is mild to moderate tricuspid valve regurgitation noted with no evidence of pulmonary hypertension documented. 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 trace pulmonic 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 identify mild tricuspid regurgitation with a slightly prominent right atrium and ventricle. There is no evidence of right sided congestive heart failure noted at this time. These changes may represent a variation of normal, but a congenital tricuspid valve dysplasia cannot be completely excluded, especially given the breed. Regardless, there is not significant enough chamber dilation noted at this time to warrant therapy. The tachycardia noted may represent a sinus tachycardia, however a supraventricular tachycardia should also be considered.



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

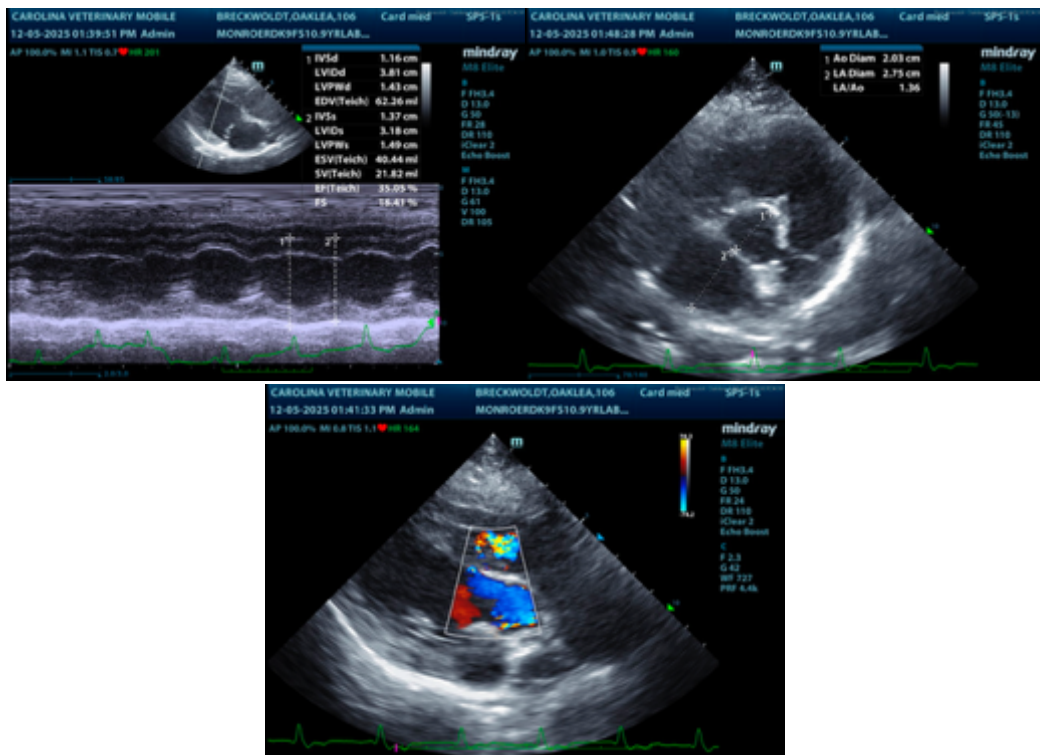
Given these findings, no cardiac therapy is recommended at this time. Additional diagnostics should include a diagnostic ECG at both 25mm/s and 50mm/s. A recheck echocardiogram is recommended in 6 months.

**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.



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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