

PATIENT

Trigger Sues

SPECIES

Canine

BREED

Heeler X

SEX

MIN

AGE

3 years

WEIGHT

38 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Four Corners
Veterinary Clinic -
Eugene

REFERRING VET

Dr. Whyte

INVOICE

10907

DATE

12/9/2025

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Murmur grade 2/6 murmur, had workup by Animal Sounds 12/18/2023, aortic root murmur Owner observes purple cast to tongue when active Owner sees twitching when pet awake ABNORMAL Labwork Values none, heartworm test done today Current Medications none.

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	17.27 kg	130	3.85	2.16	1.07	3.23	1.56
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	52	0.2	1.5	1.7	Not present	Not Present	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 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.

ECG

A six-lead ECG is available for review. The average heart rate is approximately 130bpm, with a normal mean electrical axis. The QRS complexes are sinus in origin (<70ms), with appropriate P-Q intervals (80ms). There are irregular R-R intervals, consistent with respiratory variation. The P wave amplitude varies with the R-R interval. There is no evidence of atrial or ventricular ectopy, nor any atrioventricular block. The underlying rhythm is most consistent with a respiratory sinus arrhythmia with a wandering pacemaker (normal physiologic change).

ULTRASONOGRAPHIC FINDINGS

- These findings are consistent with an essentially normal echocardiogram. The murmur will be considered functional (dynamic left and right ventricular outflow tracts) in origin. No cardiac cause of the morbidity is identified.



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INTERPRETATION OF THE FINDINGS & FURTHER 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. No specific cardiac recheck is recommended unless a murmur or clinical signs of heart disease develop.

Anesthesia considerations:

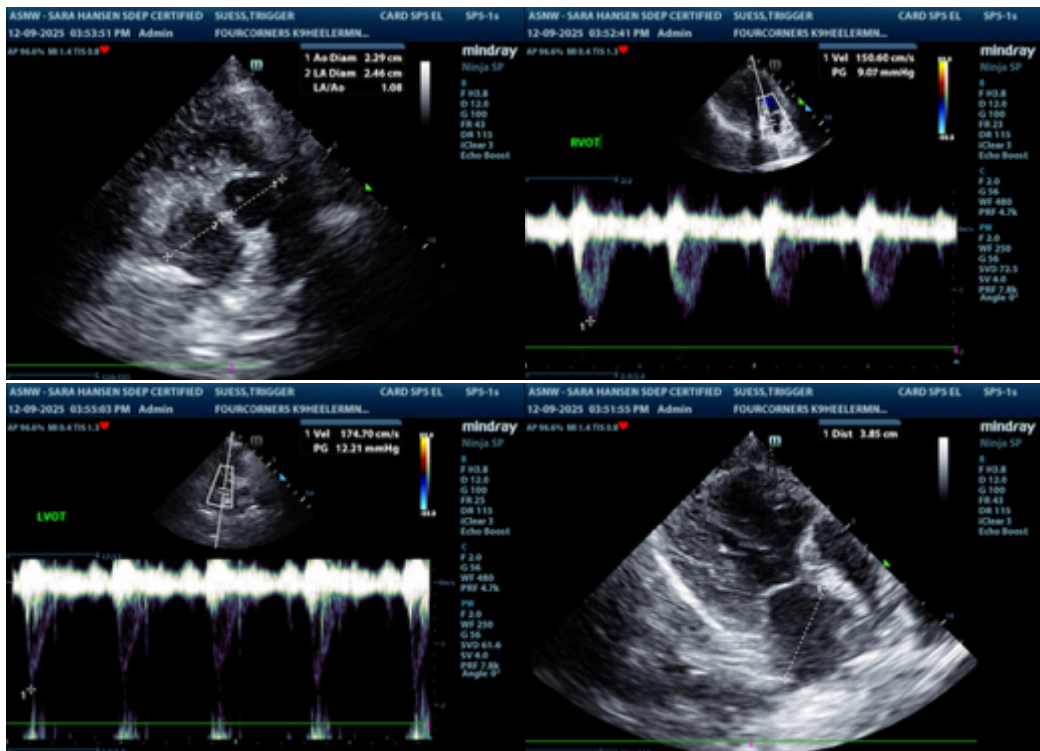
No special considerations are necessary.

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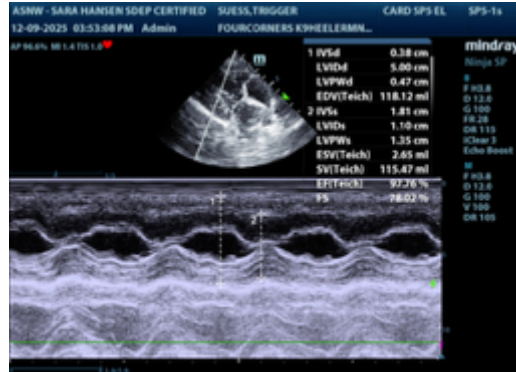
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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