

**PATIENT**

Snickers Rahal

**SPECIES**

Canine

**BREED**

Great Swiss Mountain Dog

**SEX**

Female

**AGE**

2 months

**WEIGHT**

13.5 lbs

**INTERPRETED BY**

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

**PRESENTING CLINICAL SIGNS**

- UTI signs yesterday, went to obtain cysto noticed free fluid and pericardial effusion and bladder severely thickened
- about to start clavamox today

Abnormal PE/Chem/CBC/UA Results: BUN 6.7, Phos 9.7, Alb 2.8, TP 4.8 CBC/UA Pending.

**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	6.14 kg	NM	1.88	1.61	1.12	1.85	1.16
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	37	0.1	0.9	1.0	NM	0.6	NM

**IMAGING PERFORMED BY**

Vincent Ravancho, CVT

**HOSPITAL NAME**

Wyckoff

**REFERRING VET**

Dr. Scott

**INVOICE**

11388

**DATE**

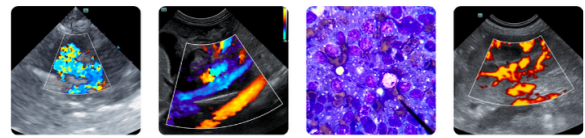
2/27/2026

**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 normal in dimension, with normal systolic function. The anterior and posterior mitral valve leaflets are minimally thickened and irregular with adequate apposition, intact chordae, and there is no significant prolapse. There is mild mitral regurgitation identified. The tricuspid valve leaflets are appropriately thin with adequate apposition, intact chordae, 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 pulmonic and no aortic valve insufficiency identified. There is no visible pericardial, pleural, or free peritoneal fluid documented. No evidence of hepatic venous congestion is 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 mitral and tricuspid valve regurgitation in the setting of minimally thickened AV valves and no significant chamber dilation. Given the patient's age, these



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changes are most consistent with mitral and tricuspid valve dysplasia with minimal to mild hemodynamic effects. 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 6-8 months to further evaluate the hemodynamic significance of the AV valve regurgitation.

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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.

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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.

**WEIGHT**

13.5 lbs

Activity:

No special considerations are necessary.

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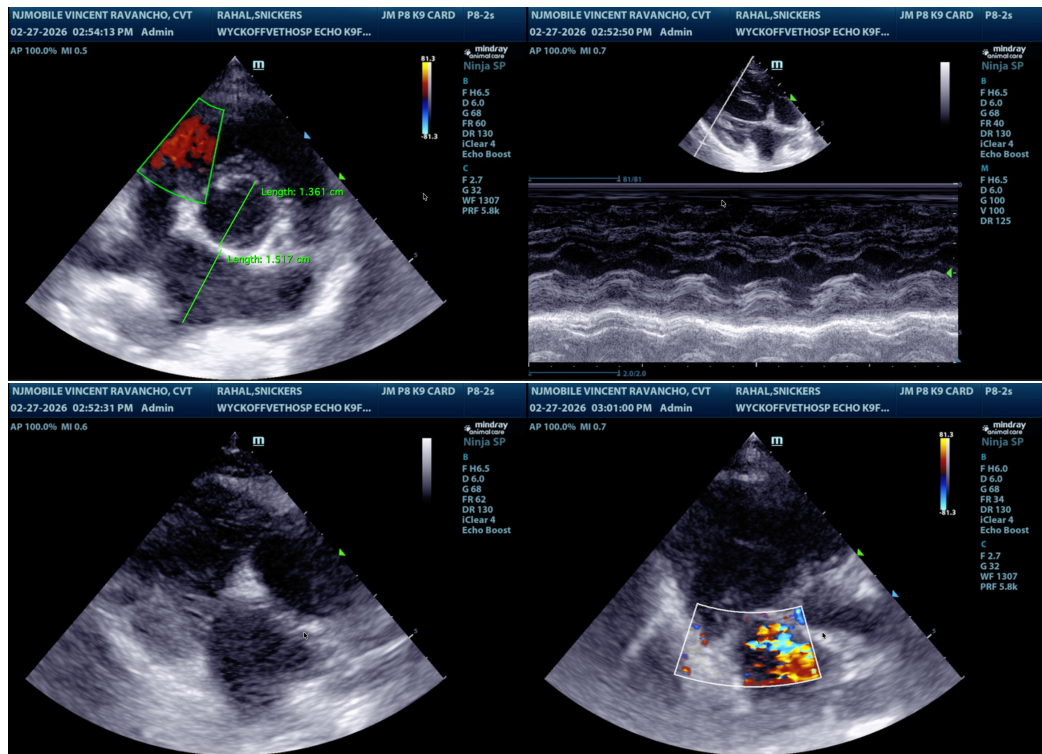
Dr. Scott

**INVOICE**

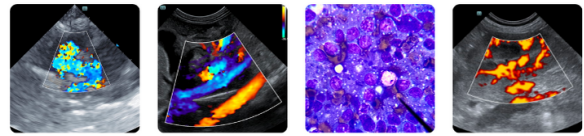
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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](mailto:info@SonoPath.com)