

PATIENT

Coco Irons

SPECIES

Canine

BREED

French Bulldog Mix

SEX

Spayed Female

AGE

10

WEIGHT

12.3 kg

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Fishcreek ER

REFERRING VET

Dr. McKay

INVOICE

36033

DATE

3/1/26

PRESENTING CLINICAL SIGNS

- Patient presented for acute onset of vomiting. Her owners report that vomiting started the morning of February 28th. Coco vomited 4 - 5 times and was breathing heavily after the first episode. Previously healthy. Not on any medications. No C/S/D. On a raw diet.
- On presentation, HR 280-300, stertorous breathing, but eupneic. Mildly tense abdomen. ECG showed ventricular tachycardia, which resolved with a single dose of lidocaine. Occasional VPCs are seen on overnight ECG.
- Abnormal PE/Chem/CBC/UA Results: Blood work showed marked hemoconcentration (Hct 71%) with mild elevation in BUN (10.6), crea 108, mild hypochloremia (108), and moderate elevation in ALT (506). Rads: Concl: Mild diffuse bronchointerstitial pulmonary pattern. No active bronchopulmonary infiltrate is noted, but aspiration pneumonitis/any aspiration pneumonia is possible with this clinical . The unusual cardiac shape could be incidental/conformational, but in light of the arrhythmia, concurrent cardiomyopathy is possible. Pulmonary hypertension or pleural effusion are possible. No supporting features of left heart failure or noted. Small spleen consistent with hypovolemia (severe). Mild equivocal hepatomegaly. The GI changes are consistent with nonspecific functional ileus and diarrhea/colitis.

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	12.3	120	3.18	2.31	1.34	2.67	1.64
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	39	0.4	1.0	1.4	--	--	35

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



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anterior and posterior mitral valve leaflets are thickened and redundant consistent with myxomatous changes, and there is no significant prolapse. There is trivial mitral regurgitation identified. The tricuspid valve leaflets are minimally thickened, 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 mild 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. A ventricular dysrhythmia is documented on the rhythm strip.

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. Ventricular arrhythmias occur in many clinical settings, generally divided into cardiac and non-cardiac causes. Cardiac conditions include structural heart disease, pericardial effusion/cardiac neoplasia, and rarely myocarditis. Non-cardiac causes are common and include splenic disease, metabolic disease, electrolyte disturbances, tick-borne disease, fever, anemia, trauma, GDV, hepatic disease, GI disease, pancreatitis, DIC, and sepsis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.



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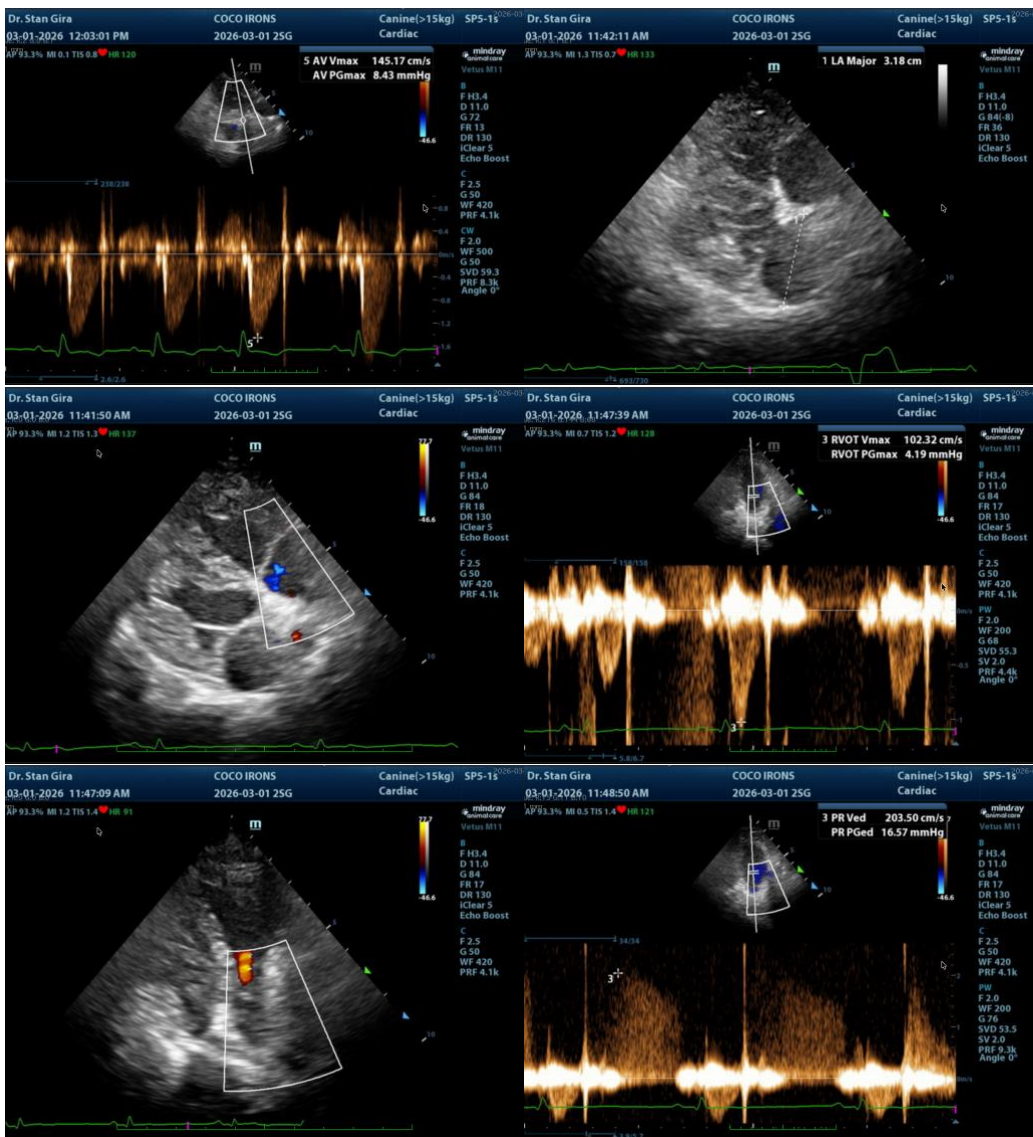
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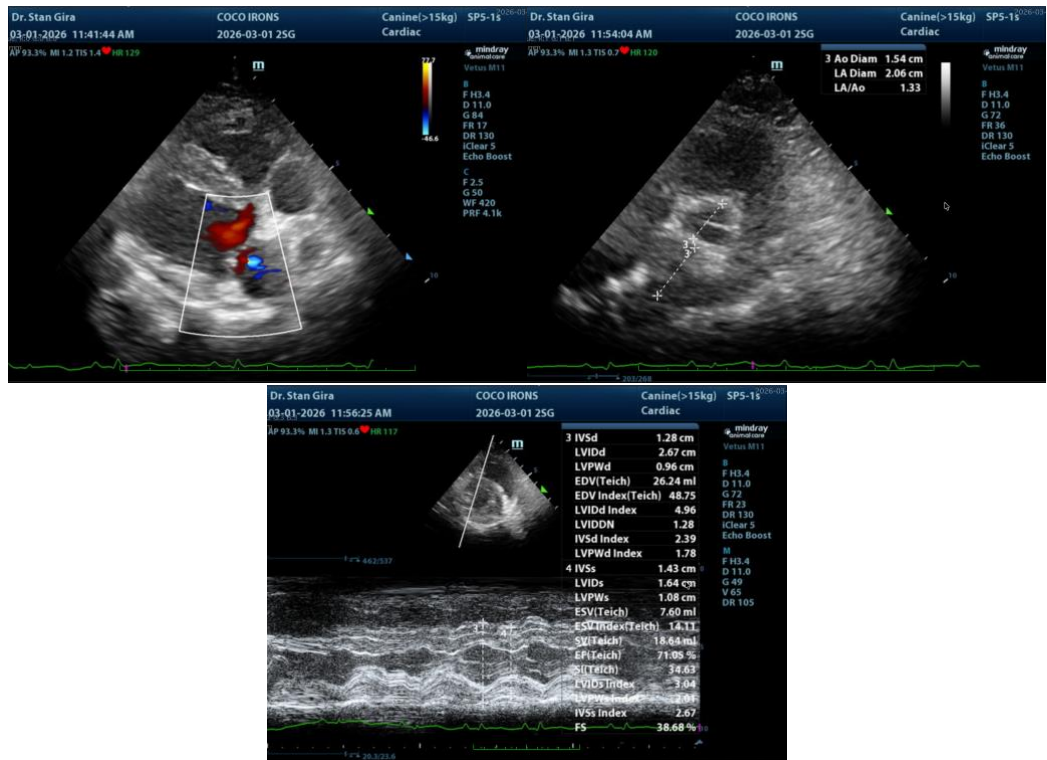
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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