



**PATIENT**

Lacey Forma

**SPECIES**

Canine

**BREED**

Pitbull Mix

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

23 kg

**INTERPRETED BY**

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

**IMAGING PERFORMED BY**

Catherine Alexander  
LVT

**HOSPITAL NAME**

NorthStar Veterinary  
Sonography PLLC

**REFERRING VET**

Dr. Phillips

**INVOICE**

14241

**DATE**

03/11/26

**PRESENTING CLINICAL SIGNS**

- p presented for not acting normally. pe t appears more depressed. pet will jump on things but not off. pet is being pickier with her food and skipping a couple of meals her and there. pet is very normally active and is not at all. pet is also sleeping more than usual. pet did have heart surgery when a puppy - balloor valvuloplasty. Pet has also lost 6lbs. alkp was not readable on bloodwork alt and remaining values were normal

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

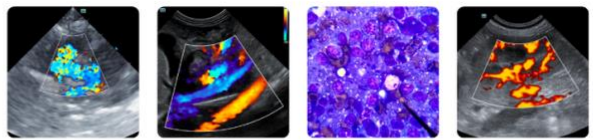
CANINE CARDIAC PARAMETERS	BW	HR BPM	LAD 4 ch Long	RAD 4 ch Long	La/Ao Heart Base	LVIDd	LVIDs
NORMAL PARAMETER		50-100			<1.6		
PATIENT	23.0	NM	4.17	2.24	1.21	3.48	2.07
CANINE CARDIAC PARAMETERS	FS	EPSS	PV V MAX (m/s)	AV V Max (m/sec)	MR Vmax	TR Vmax	RPA distensibility (normal >30%)
NORMAL PARAMETER	28-40	<0.6	0.7-1.6	0.7-1.7	4.5-5.5	< 2.7	
PATIENT	41	0.2	2.5	1.1	NM	NM	NM

**Cardiac Presentation**

The left atrium is normal in dimension. The left ventricle is normal in dimension as well as systolic function. The right atrium and ventricle are subjectively normal in dimension, with normal systolic function, and no evidence of intraventricular septal flattening. The anterior and posterior mitral and tricuspid valve leaflets presented normal linear structure, extension in systole, and union in diastole without prolapse, or myxomatous changes noted. There is trace tricuspid valve regurgitation. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural valvular integrity with no aortic insufficiency. The visible aorta is unremarkable. Pulmonary outflow tract assessment revealed a slightly narrowed valve orifice without significant evidence of dysplasia. There is turbulent flow, a prominent main pulmonary artery dimension, and moderate to severe pulmonic 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 are consistent the previously diagnosed and treated pulmonic stenosis. While the RVOT gradient is mildly elevated, it is not considered hemodynamically significant at this time.



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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

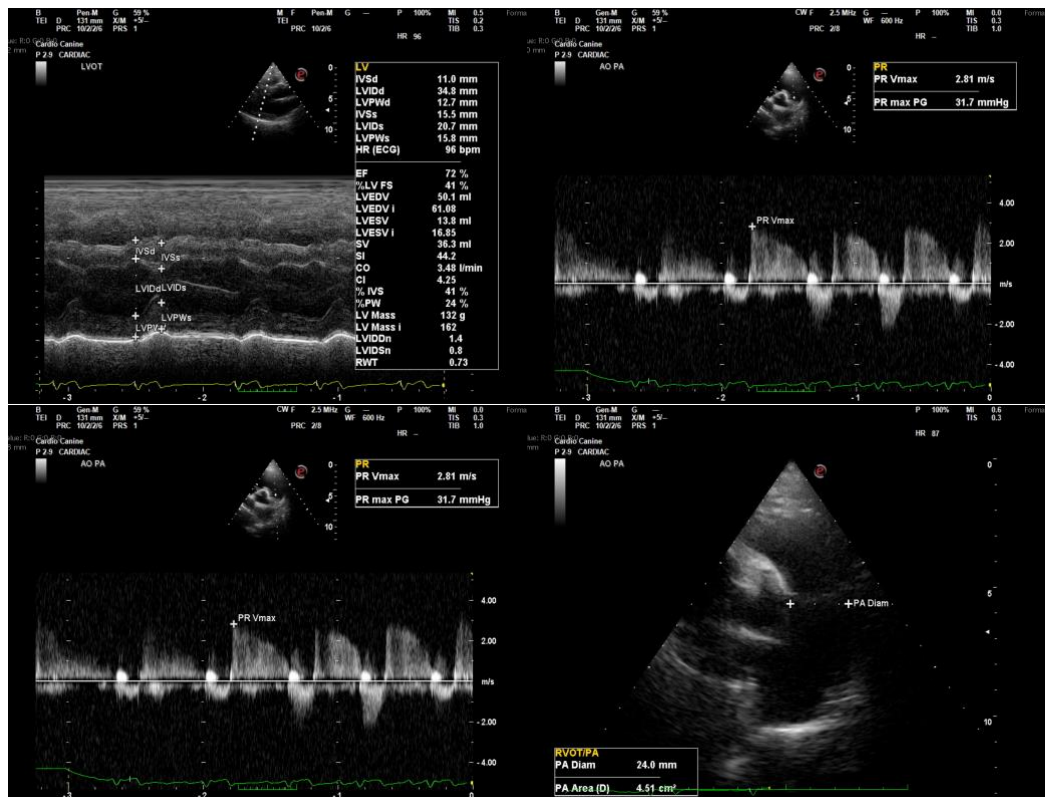
If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Skip any ACE-inhibitor (if receiving) on morning of anesthesia. Fluid therapy during anesthesia should be considered at a reduced rate (e.g., 5 ml/kg/hour) if possible. A shorter anesthetic duration will reduce the risk of complications. Pre-oxygenation is advised. Pre-medication with an opioid (i.e., butorphanol, hydromorphone, oxymorphone) with or without a benzodiazepine is generally the safest protocol. An induction agent such as Propofol, alfaxalone, or diazepam/etomidate can be used to effect. Maintenance of anesthesia with isoflurane or sevoflurane is reasonable.

### 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:

Avoid overly strenuous activity.





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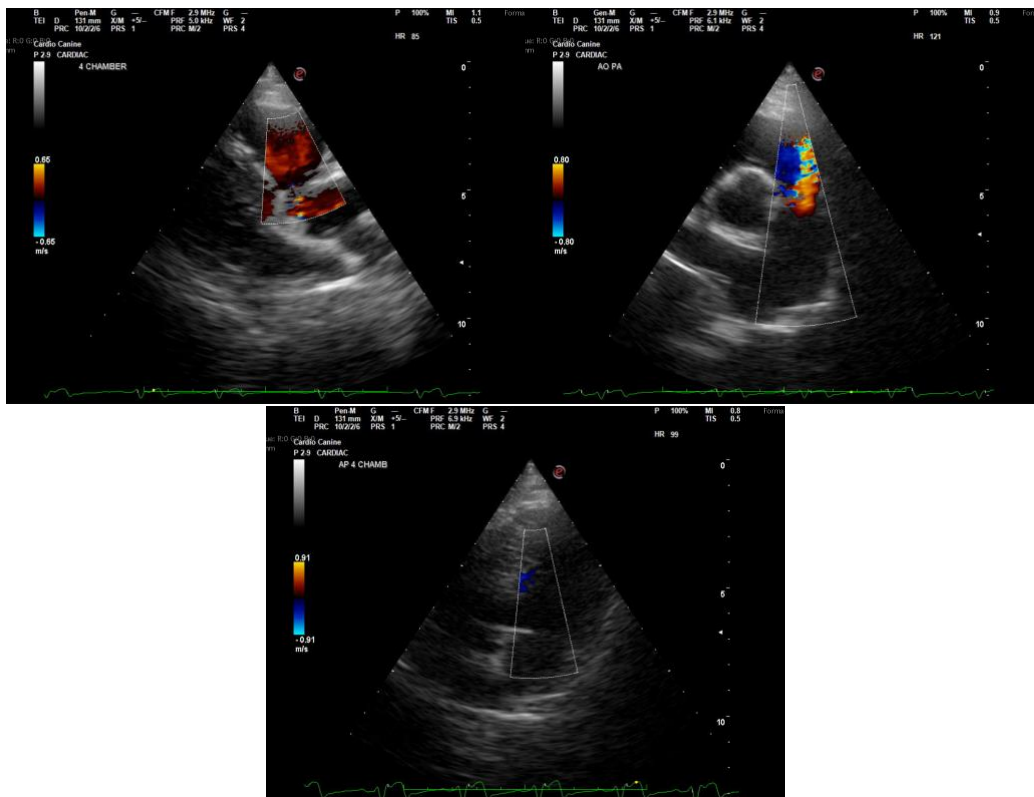
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)