



## PATIENT

Finn (Blue's Puppy)  
Williams

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Male

## AGE

13 weeks

## WEIGHT

1.47 kg

## INTERPRETED BY

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

## IMAGING PERFORMED BY

Dr. Judy McFarlen

## HOSPITAL NAME

Westview Veterinary  
Hospital

## REFERRING VET

Dr.  
Genevieve/McFarlen

## INVOICE

11476

## DATE

3/12/2026

## PRESENTING CLINICAL SIGNS

- Congenital heart murmur grade 3/4 systolic heard on prior emergency for toxicity presentation and at vaccines.
- Breeder wants to adopt/sell patient pending outcome of scan.
- Normal growth rate and no cardiac symptoms clinically.

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

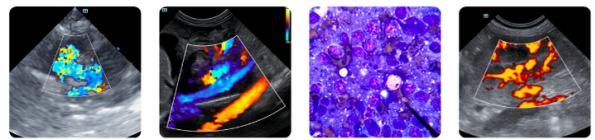
| CANINE CARDIAC PARAMETERS | BW    | HR BPM | LAD 4 ch Long  | RAD 4 ch Long    | La/Ao Heart Base | LVIDd   | LVIDs                            |
|---------------------------|-------|--------|----------------|------------------|------------------|---------|----------------------------------|
| NORMAL PARAMETER          |       | 50-100 |                |                  | <1.6             |         |                                  |
| PATIENT                   | 1.34  | NM     | 1.05           | NM               | 1.21             | 1.19    | 0.34                             |
| 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                   | 71    | NM     | 0.9            | 5.0              | NM               | NM      | NM                               |

### Cardiac Presentation

The left atrium is normal in dimension. The left ventricle is normal in dimension, with normal systolic function. There is equivocal left ventricular hypertrophy. The right atrium and ventricle are normal in dimension, with normal systolic function. The mitral valve is not clearly visualized, but there is concern for potential thickening of the valve leaflets with inappropriate coaptation. No mitral regurgitation is documented. The tricuspid valve leaflets are appropriately thin with adequate apposition, intact chordae, no significant tricuspid regurgitation and no evidence of pulmonary hypertension. The left ventricular outflow tract demonstrated turbulent flow with a subaortic ridge and irregular valve leaflets. The right ventricular outflow tract assessment revealed normal laminar flow, and appropriate diameter and distensibility. There is no pulmonic and mild to moderate 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 are consistent severe (sub) aortic stenosis, with minimal hemodynamic effects. There is equivocal hypertrophy of the left ventricle, and concern for mitral valve dysplasia, which remains unconfirmed at this time.



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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cardiac therapy with atenolol (initial dose 1-2 mg/kg BID, higher doses may be needed especially as the patient grows) is recommended. This puppy is unfit for breeding/sale. Further echocardiographic evaluation is recommended by a cardiologist, especially if an intervention would be considered. Otherwise, a repeat echo is recommended in another 6-8 months when the puppy is full grown and the full severity of the disease can be assessed.

### Anesthesia:

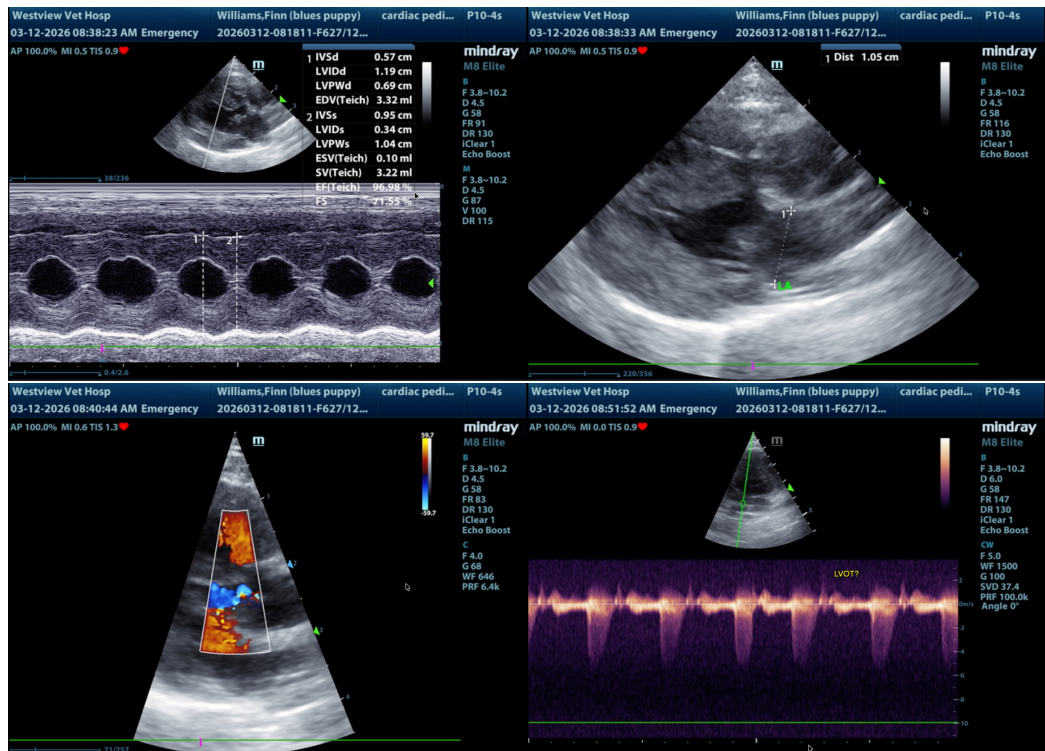
If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Skip any ACE-inhibitor (if receiving) on morning of anesthesia. Fluid therapy during anesthesia should be considered at a reduced rate (e.g., 5 ml/kg/hour) if possible. A shorter anesthetic 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.



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)