



PATIENT

Cragars Trevisan

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed female

AGE

2 years

WEIGHT

8.1 kgs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Brandywine Valley VH

REFERRING VET

Dr. Stutts

INVOICE

73454

DATE

3/16/26

PRESENTING CLINICAL SIGNS

- Echo to further evaluate bilateral forelimb mild edema, mild jugular vein distention with pulsation, and a new grade 2/6 left basilar HM. POD- 3 from a gastrotomy due to foreign body ingestion (Rock). Ingested Rock last week on Wednesday, surgery was Friday. BW today-marked leukocytosis with a neutrophilia, bands suspected, lymphocytosis, monocytosis, mild anemia. Chem- hypoalbuminemia, marked ALP elevation, T.bili elevated, low Cl.
- BP: 187/127, HR 136, 176/85 HR 131, 154/85 HR 133, 139/64 HR 133 Brief AUS, pertinent findings: Pancreas prominent (>1cm), hypoechoic to surrounding hyperechoic mesentery, base, right and left limbs affected with most pronounced in the right limb. Mesentery throughout abdomen is hyperechoic. No effusion. GB contains small to moderate amount of non-organized suspended echogenic debris. No dilation of the CBD, no signs of post-hepatic obstruction. Liver-NSF -CBC: RBC 5.11 L, Hct 33% L, Hgb 12.3 L, normocytic, normochromic, non-regen, WBC 42.95 H, Neu 25.45 L, bands susp, Lym 11.96 H, Mono 5.3 H, Plt 109 L, MPV 16.1 H - Chem: Alb 2.1 L, ALP > 2000 H, ALT 59-n, GGT1-n, Glob 4.1-n, T. bili 1.5 H, Cl 105 L

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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 appropriately thin with adequate apposition, intact chordae, and there is no significant prolapse. There is no significant mitral regurgitation identified. The tricuspid valve leaflets are appropriately thin with adequate apposition, intact chordae, with mild 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.

CANINE CARDIAC PARAMETERS	Body Weight kg	HR BPM	LAD 4 ch Long	RAD 4 ch Long	La/Ao Heart Base	LVIDd	LVIDs
NORMAL PARAMETER		50-100			<1.6		
PATIENT	8.1	150	2.49	1.71	1.41	2.35	1.5
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	36	0.3	1.1	2.3	NM	1.3	33



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ULTRASONOGRAPHIC FINDINGS

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

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:

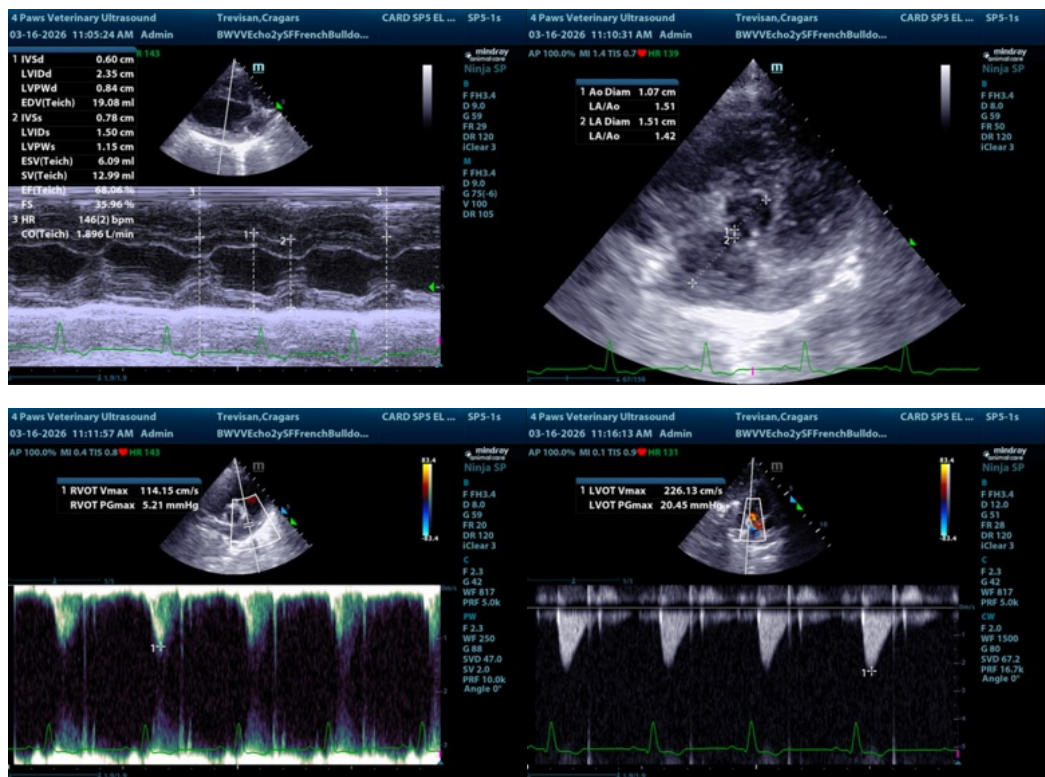
No special considerations are necessary.

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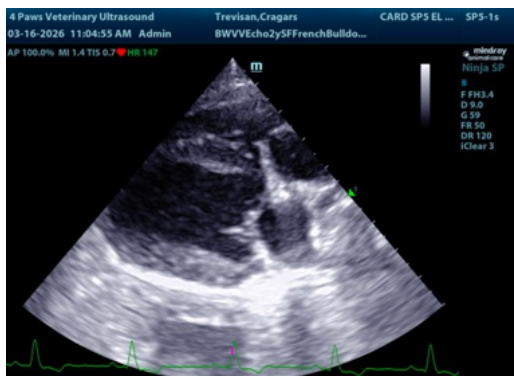
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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