

PATIENT

Ozzy MacDonald

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

2 Years

WEIGHT

30 kg

INTERPRETED BY

Brad Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hartzel Animal
 Hospital

REFERRING VET

Dr. Neill

INVOICE

73861

DATE

3/20/26

PRESENTING CLINICAL SIGNS

Presented for anesthesia and neuter on March 9th, 2026. Sedated well with 7mcg/kg dexmedetomidine and 0.3mg/kg methadone. Prior to beginning procedure was monitored with ECG, SpO2, BP - While evaluating ECG, noted intermittent abnormalities in QRS complexes. R peaks were notched, with a double-summit peak, this occurred intermittently, varying as often as every 2-3 beats, or as long as every 9-10 beats without rhythm. Surgery was deferred and patient was reversed, the same findings were not observed when he was awakened.

Current Medications: None, will be receiving gabapentin + trazodone prior to echo due to excitability

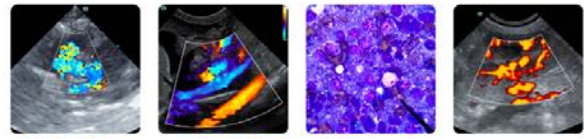
Abnormal PE/Chem/CBC/UA Results: Pre-operative bloodwork (4dxw) was entirely wnl

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	30	100	3.73	2.29	1.15	3.42	2.54
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	26	0.5	1.4	1.1	NM	NM	NM

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 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, no significant 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 trivial 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.



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ECG:

There is a six-lead ECG available for review. The underlying rhythm is regular at an average rate of 100bpm. The rhythm appears to be sinus in origin with narrow QRS complexes (<70ms). There is no atrial or ventricular ectopy and no conduction delay or block identified. This is most consistent with a normal sinus zone rhythm.

ULTRASONOGRAPHIC FINDINGS

- These findings are consistent with an essentially normal echocardiogram. Any murmur will be considered functional in origin. No cardiac cause of the morbidity is identified. In the absence of identifiable underlying heart disease, the previously noted ECG findings are likely an idiosyncratic drug reaction.

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:

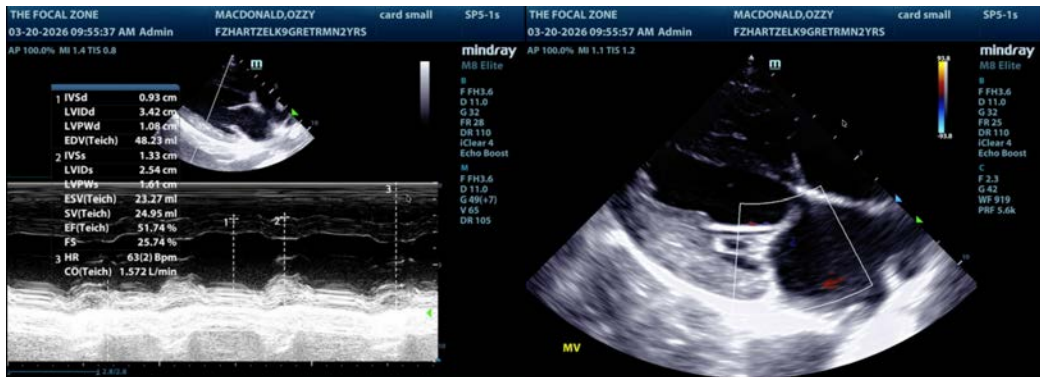
No special considerations are necessary. Given the previous reaction to dexmedetomidine, an alternate premedication would be indicated.

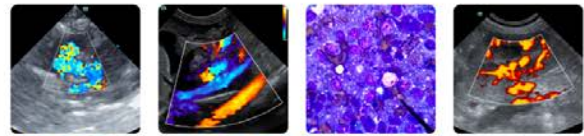
Diet:

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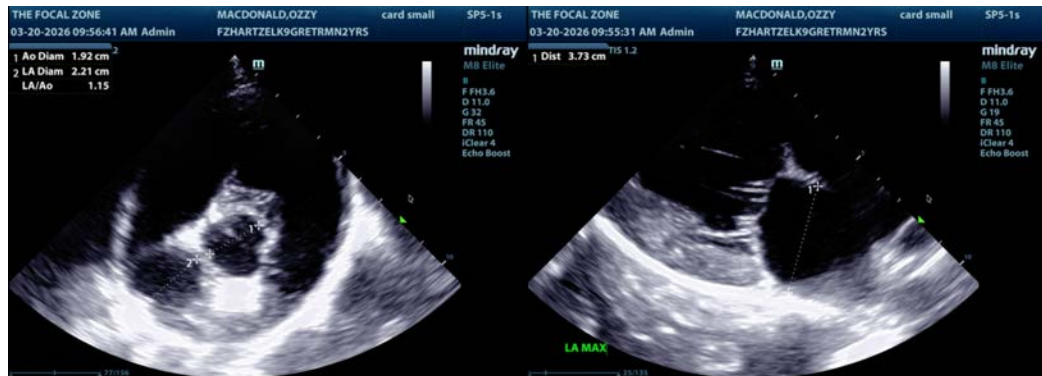
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

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