**PATIENT**

Baxter Phillips

SPECIES

Canine

BREED

Sheltie

SEX

MN

AGE

13 years

WEIGHT

10.43 kg

INTERPRETED BYBradley Harris, DVM,
DACVECC, DACVIM
(cardiology)**IMAGING
PERFORMED BY**Loetitia Saint-Jacques,
LVT**HOSPITAL NAME**Pinion Veterinary
Hospital**REFERRING VET**

Dr. Jackson

INVOICE

11563

DATE

3/24/2026

PRESENTING CLINICAL SIGNS

- ECG showed R wave amplitude increase, likely normal P variant, 12/24/25.
- MEs- Pimobendan 2.5 mg 1 tablet by mouth every 12 hours to manage heart disease / Carprofen 25 mg 1/2 tablet every 12 hours as needed for pain.

Abnormal PE/Chem/CBC/UA Results: ECG report and LABS attached.

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 | 10.43 kg | NM | 3.40 | 1.68 | 1.27 | 3.01 | 1.79 |
| 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 | NM | 1.4 | 2.4 | NM | NM | 51% |

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 mild 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 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.

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, and there is no structural etiology of the ECG variation noted.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no changes to current cardiac therapy are 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:

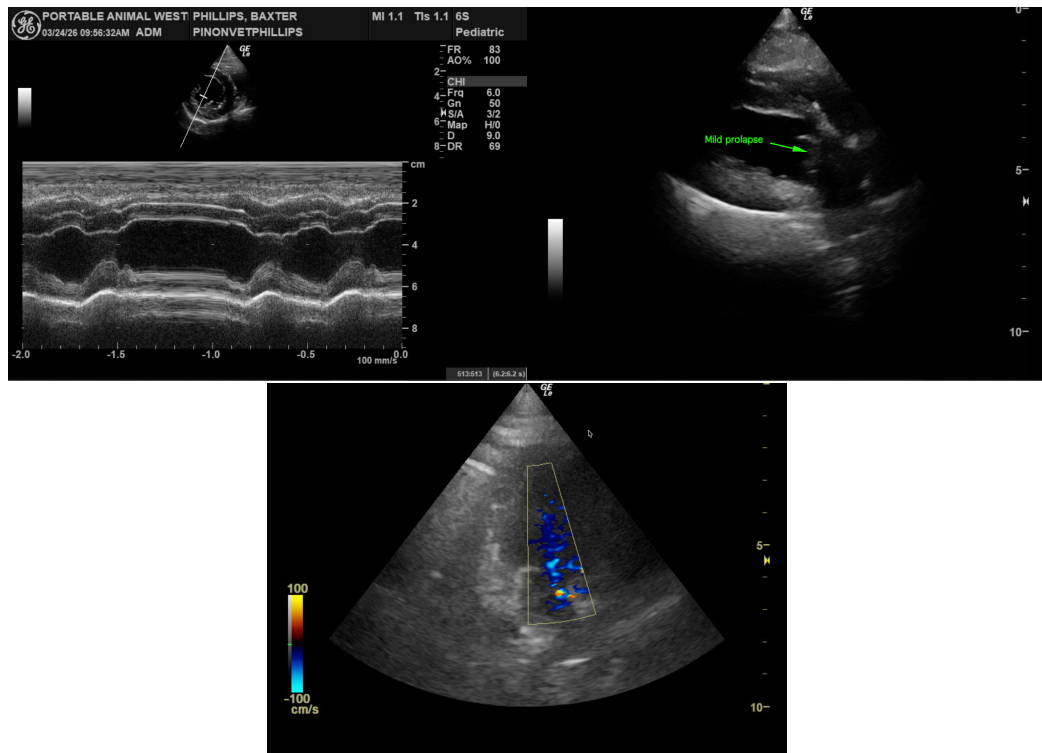
If anesthesia is necessary, alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a conservative rate (e.g., 5 ml/kg/hour) if possible.

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.



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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