

PATIENT

Piper Belvedere

SPECIES

Canine

BREED

Hound Mix

SEX

Spayed Female

AGE

10 Years 11 Months

WEIGHT

59 pounds

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal Care Center of
 Flanders

REFERRING VET

Dr. Hallihan

INVOICE

14061

DATE

03/05/26

PRESENTING CLINICAL SIGNS

- Sudden onset of weakness, Dec appetite, lethargy, panting
- Inc. CVC on rads
- Depressed, panting, distended and painful abdomen, weak pulses
- Meds: Prednisone for interdigital cyst, desmopressin (DI)

Abnormal PE/Chem/CBC/UA Results: Mild Inc. WBC , Neuts, RC 244, Creat 1.9, BUN 56, K 6.6, ALT 192, AIKP 608, liver flukes 1/26, UPC 0.7, USG 1.018 BP: 130

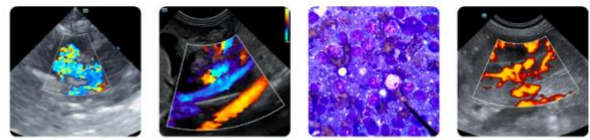
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	26.82	NM	3.69	2.34	1.37	3.1	1.61
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	48	NM	0.7	1.9	NM	NM	37

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 and 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 and intact chordae, with no significant tricuspid regurgitation and no evidence of pulmonary hypertension. The left ventricular outflow tract demonstrates normal laminar flow, and the visible aorta is unremarkable. The right ventricular outflow tract assessment reveals normal laminar flow and appropriate diameter and distensibility. There is no pulmonic and mild 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 are free of masses, spontaneous echo contrast, or thrombi.

ULTRASONOGRAPHIC FINDINGS



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- 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.

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:

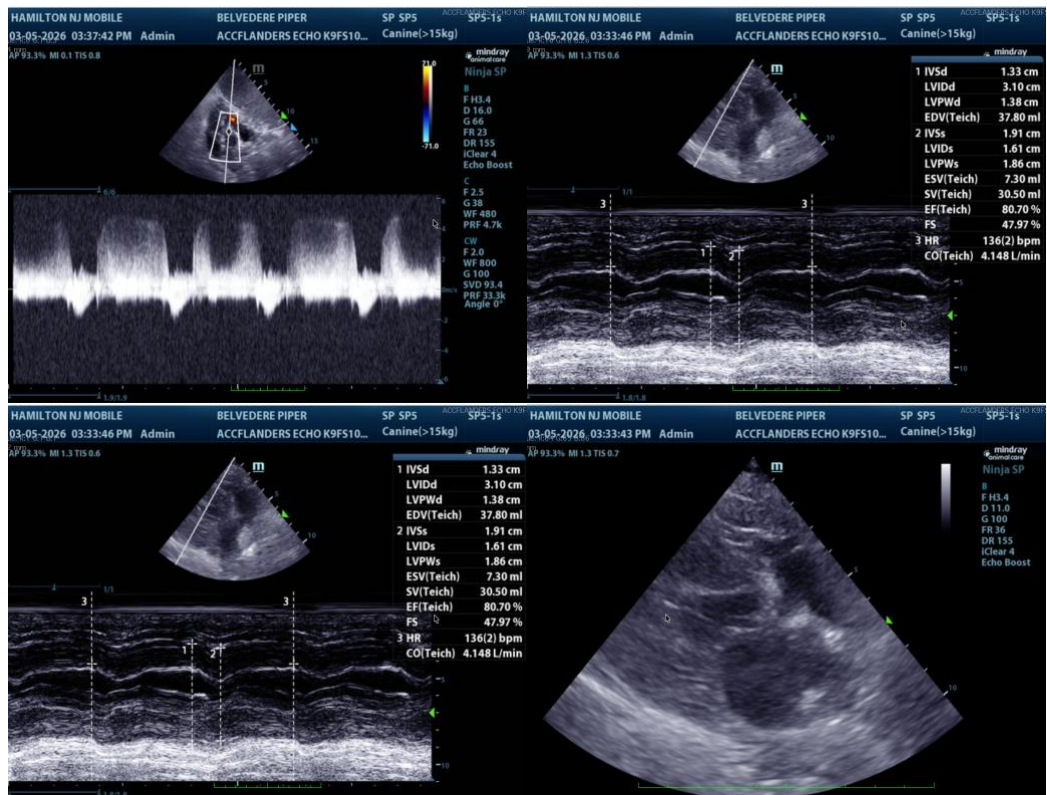
No special considerations are necessary.

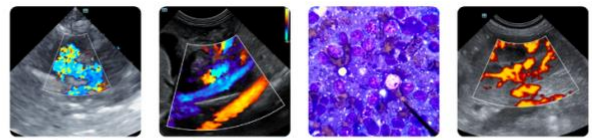
Diet:

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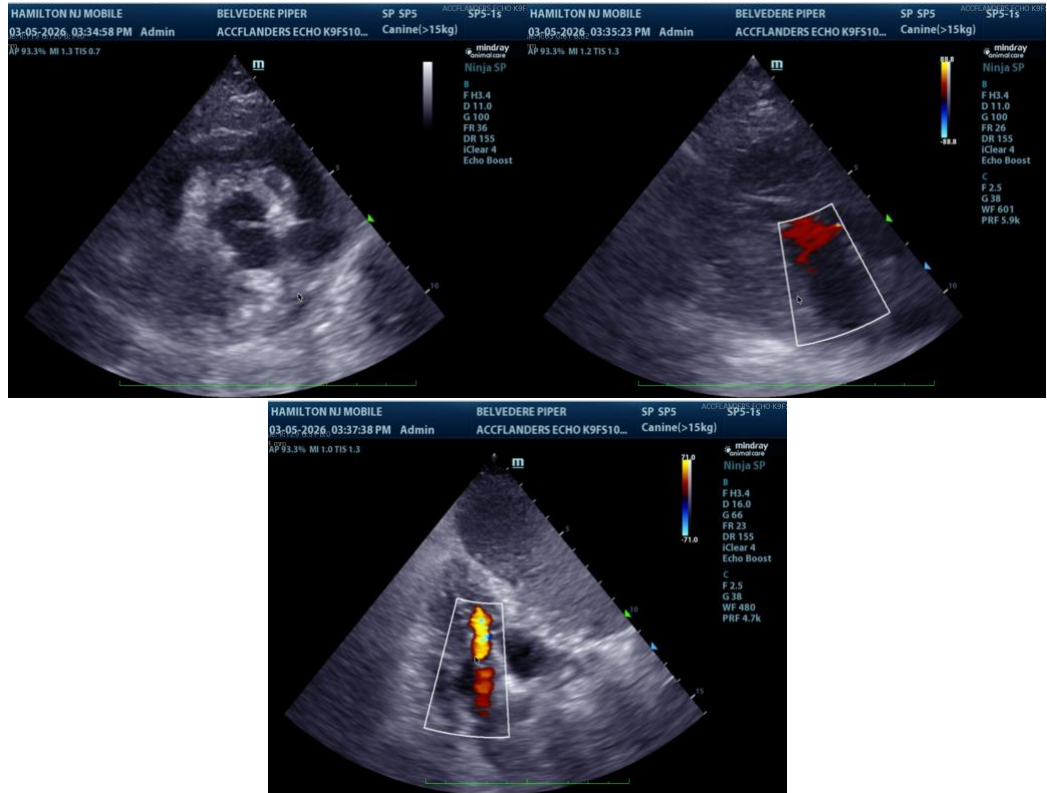
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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