

**DATE PRESENTING CLINICAL SIGNS**

4/21/26

**PATIENT**

Arwen Herman

**SPECIES**

Canine

**BREED**

Shepherd Mix

**SEX**

Spayed female

**AGE**

11/30/18

**WEIGHT**

56 lbs

**INTERPRETED BY**

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

**HOSPITAL NAME**

Hickory VH

**REFERRING VET**

Dr. McCourt

**INVOICE**

74668

**History:** Presented for annual exam, noted increase in grade of previously noted murmur (was grade 1, now grade 3). no clinical signs or planned anesthesia upcoming. Remainder of PE noted slight decrease in ROM both hips, good body weight, minimal tartar. femoral pulses synchronous and strong, no crackles or wheezes noted.

**Pertinent abnormal PE/Chem/CBC/UA Results:** Labwork not attached, reported as pending.

**Current medications:** Trazodone and gabapentin PRN

**Blood Pressure:** N/A.

**Sedation used:** Not required to complete full diagnostic ultrasound.

**Pertinent previous ultrasound results:** 4/24/24. See attached.

**STAT:** Not requested.

**Imaging performed by:** Stephanie Warga RDCS, RVT.

**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 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 with appropriate main pulmonary artery diameter and right pulmonary artery 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 are 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	25.45 kg	NM	4.03	2.24	1.23	3.68	2.42
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	34	0.3	0.1	1.8	NM	NM	NM

### ULTRASONOGRAPHIC FINDINGS

These findings are consistent with an essentially normal echocardiogram. Any murmur will still 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:

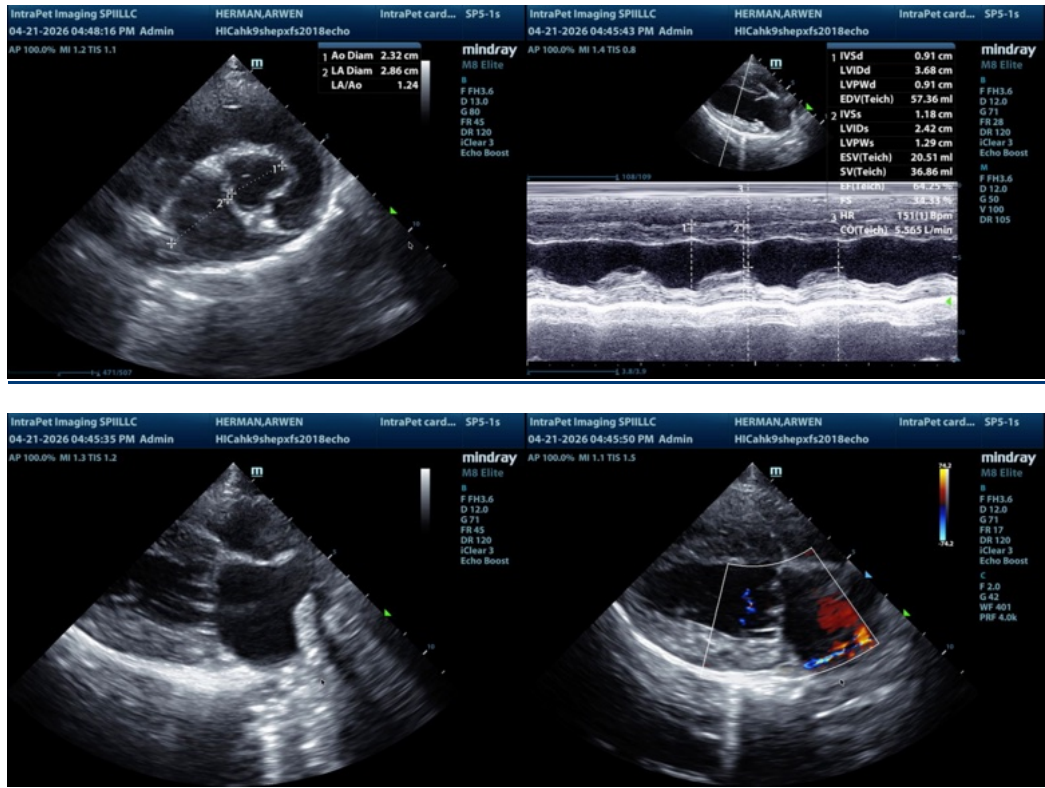
No special considerations are necessary.

#### 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.



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](mailto:info@SonoPath.com)