

**PATIENT**

Hannay Begeny-Johnson

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

67.5 pounds

**INTERPRETED BY**

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Albany Animal Hospital

**REFERRING VET**

Dr. Hunt

**INVOICE**

15296

**DATE**

04/21/26

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: Hx of severe pain along RH limb with non-weightbearing lameness. Sedated rads and orthopedic exam showed concern for poss CCL injury on RH limb. Noted Grade 3 left parasternal systolic heart murmur. Scheduled for TPLO surgery tomorrow ABNORMAL Labwork Values n/a For ECHO Only: Blood Pressure 150, 160, 160 HR/RR/BP: 156 hr/32 rr BP 150, 160, 160 Is there a Heart Murmur? If so, please grade. Grade 2-3 left parasternal systolic heart murmur Current Medications Carprofen given last night and Acetaminophen/Codeine given last night Radiographic Findings N/A

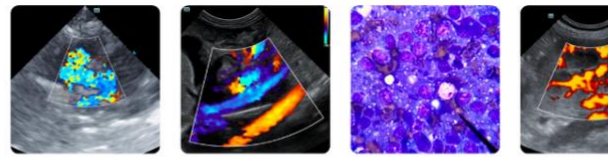
**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

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	30.68	NM	4.31	2.89	1.14	4.84	2.95
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	39	NM	1.1	2.3	--	--	32

*Cardiac Presentation*

The left atrium is normal in dimension. The left ventricle is at the upper limits of 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 mild 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.

**ULTRASONOGRAPHIC FINDINGS**



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

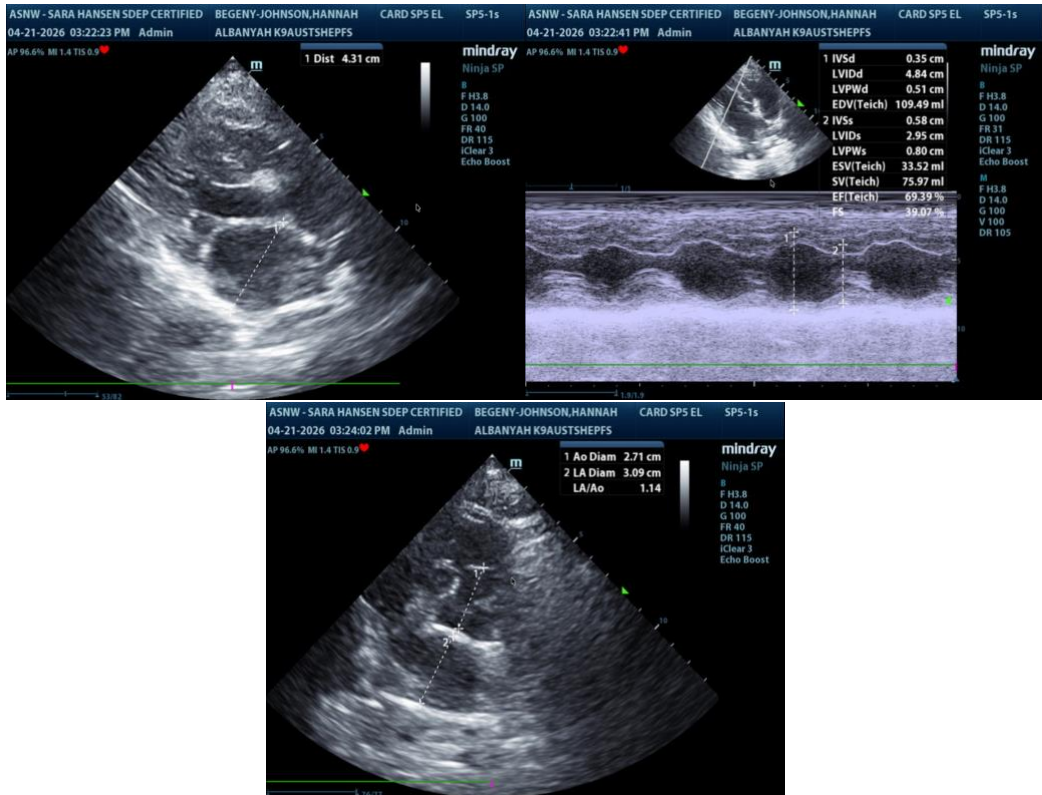
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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.

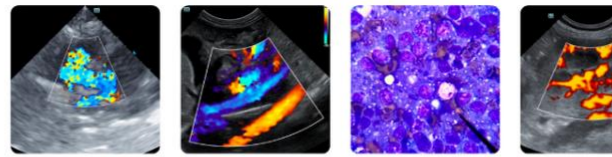
Anesthesia considerations:  
 No special considerations are necessary.

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.



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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)