



PATIENT

Lena Miller

SPECIES

Canine

BREED

Greyhound

SEX

Spayed female

AGE

7 year

WEIGHT

60 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Christopher Roberts

HOSPITAL NAME

Kentown AH

REFERRING VET

Dr. Roberts

INVOICE

75543

DATE

4/30/26

PRESENTING CLINICAL SIGNS

History: P has hx of chronic pain issues- arthritis. Gets acupuncture and pain management for these issues by rDVM. Recently seen for panting and sneezing on 3/30/26. Radiographs performed at time revealed enlarged heart and dilated pulmonary vessels and concern for CHF. P was started on vetmedin 5 mg PO BID, Enalapril 10 mg SID, furosemide 20 mg PO BID. O reports signs have been worsening. Echo was recommended.

Abnormal PE/Chem/CBC/UA Results: BAR, H/L-WNL- no ausculted murmur at time of echo. BP- 147 mmHg Last BW performed 1/2026 -CBC- WBC- 2.6, HCT- 61% Chem- WNL

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is normal in dimension. The left ventricle is 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 thickened and redundant consistent with myxomatous changes, and there is minimal 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, 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 were free of masses, spontaneous echo contrast, or thrombi. The heart is normal in size on thoracic radiographs, with no pulmonary venous distention, and a mild generalized bronchointerstitial pattern.

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	27.5 kg	160	3.86	3.05	1.18	3.55	2.34
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	2.0	1.8	NM	NM	NM

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.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy is recommended. Consider discontinuation of cardiac therapy, and reassessing to ensure there is no change to cardiac dimensions or function. 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:

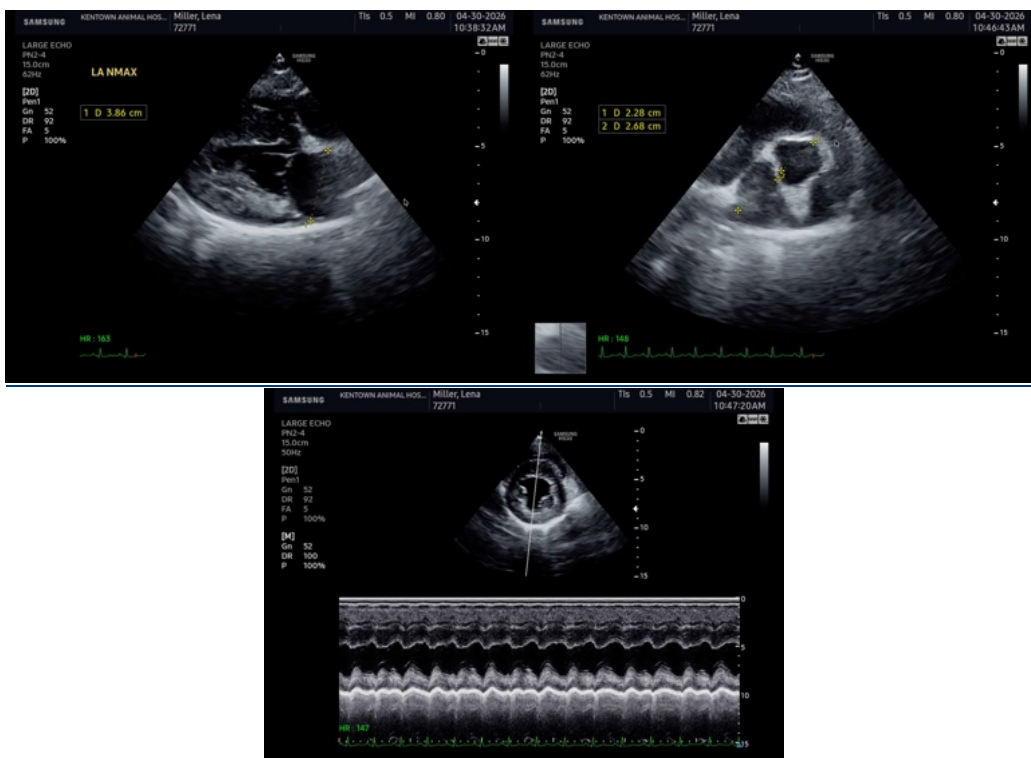
No special considerations are necessary.

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.

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info@SonoPath.com

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