

PATIENT

Stella McAdam

SPECIES

Canine

BREED

Brussels Griffon

SEX

FS

AGE

12 years

WEIGHT

3.5 kg

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Woodstock VH

REFERRING VET

Dr. Duschinsky

INVOICE

11829

DATE

4/30/2026

PRESENTING CLINICAL SIGNS

Stella had an echo with Focal Zone previously. Presented 3 days ago with moderately increased RR = 60 bpm in clinic with an abdominal component. No significant heart murmur, impression of enlarged cardiac silhouette and LA enlargement on chest rads. Also, evidence of significant pulmonary edema on rads. Started to treat for CHF with Furosemide 3 mg/kg PO q 4 to 6 hours at home & Pimopendan. Home RRR 26 to 38 with no significant improvement in the past 72 h. Admitted today -IV furosemide injections q 2 to 3 h, refer declined. Previous hx of chronic pancreatitis based on past AUS and spec cPL blood work findings. Today blood work consistent with sig pancreatitis-marked elevations in Amylase, lipase & Spec cPL & ALT, GGT, ALP. HypoK+ & HypoNa+ treatment help appreciated!

Current Medications Thyro-tabs - 0.05 mg (1/2 a 0.1 mg) BID, Gabapentin 35 mg BID, Trilostane 10 mg am, 5 mg pm ,Apoquel 3.6 mg SID 1/2 tab.

Abnormal PE/Chem/CBC/UA Results: Primary Question to Be Answered in This Exam: Is there pulmonary edema? Is it cardiogenic? ECG attached- most accurate readings in the last 30 seconds.

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	3.5 kg	100	2.24	1.67	1.23	1.75	0.83
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	53	0.2	1.1	1.3	4.3	2.5	31

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 thickened and redundant consistent with myxomatous changes, and there is no significant prolapse. There is trivial mitral regurgitation identified. The tricuspid valve leaflets are appropriately thin with adequate apposition, intact chordae, with trivial 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.



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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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy is 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.

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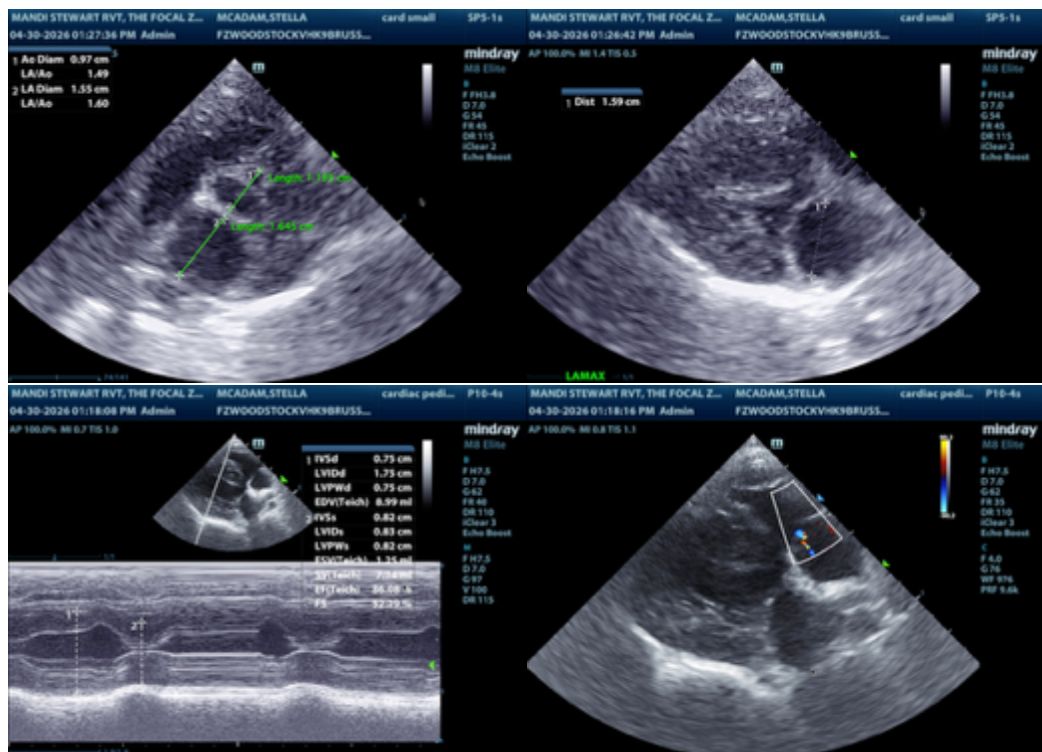
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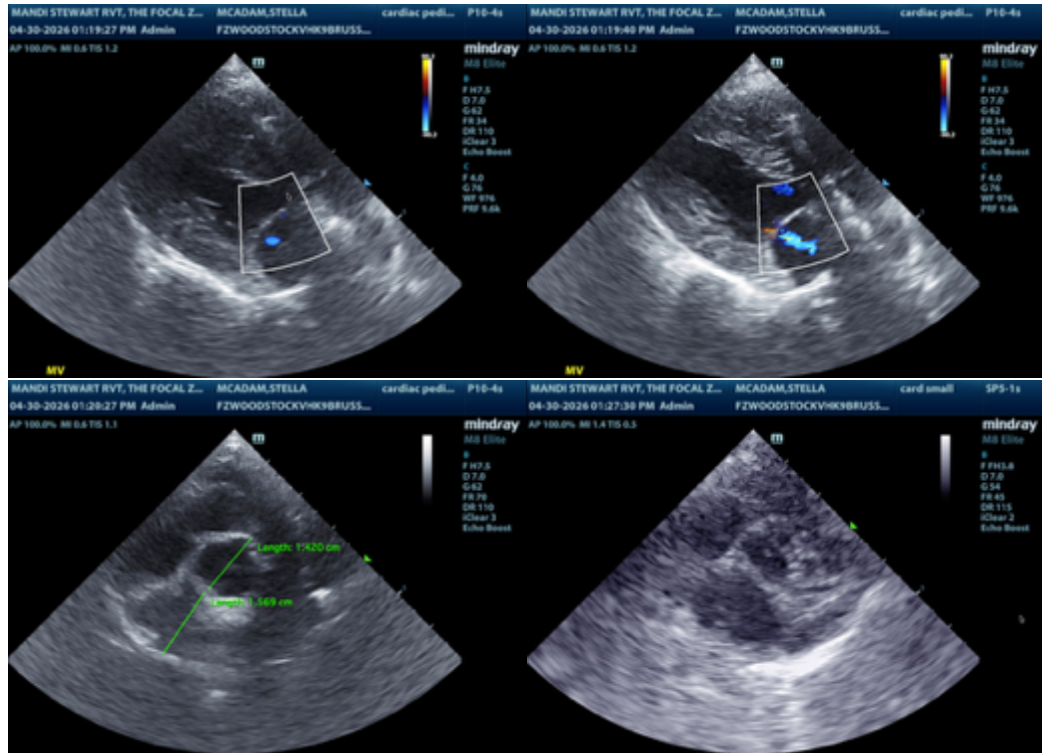
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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