



PATIENT

Brutus Patterson

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact Male

AGE

11 years

WEIGHT

80 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Nicole Gotfredson,
CVT

HOSPITAL NAME

Buffalo Veterinary
Clinic

REFERRING VET

Dr. Bessler

INVOICE

11644

DATE

4/6/2026

PRESENTING CLINICAL SIGNS

Having collapsing episodes approx every 15 days, happens if he is eating and then coughs or if he is laying on his back and then coughs. Coughing always seems to trigger it. Episode consists of head going dorsally and he gets stiff and legs crumble or he just falls on side. They last 30-60 secs and then he is up and normal. Temp 100.9, color pink CRT 2 sec, HR 78 no arrhythmias appreciated in a 4 minute window. Lungs clear. Abdomen palpates normal. LN normal. Bilateral yeast otitis with debris, unable to see eardrums. He did have one episode where he didn't collapse but had a head tilt and would walk to one side, this sounds like vestibular disease and by the next morning he was normal.

CBC normal, Chem normal, Thyroid 1.2, Recommend double cavity ultrasound with cardiologist report. May need to do halter monitor.

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	36.36 kg	NM	4.85	2.97	1.42	3.85	2.78
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	28	0.3	1.0	1.6	NM	NM	NM

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 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.

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. Vasovagal syncope or tussive syncope are considered more likely, however an occult dysrhythmia cannot be completely excluded.

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. If no other cause of the syncope can be identified, and a dysrhythmia is suspected, a 24-48 hour Holter monitor could be considered if the episodes occur frequently enough to capture while wearing the device. No specific cardiac recheck is recommended unless a murmur or clinical signs of heart disease develop.

Anesthesia considerations:

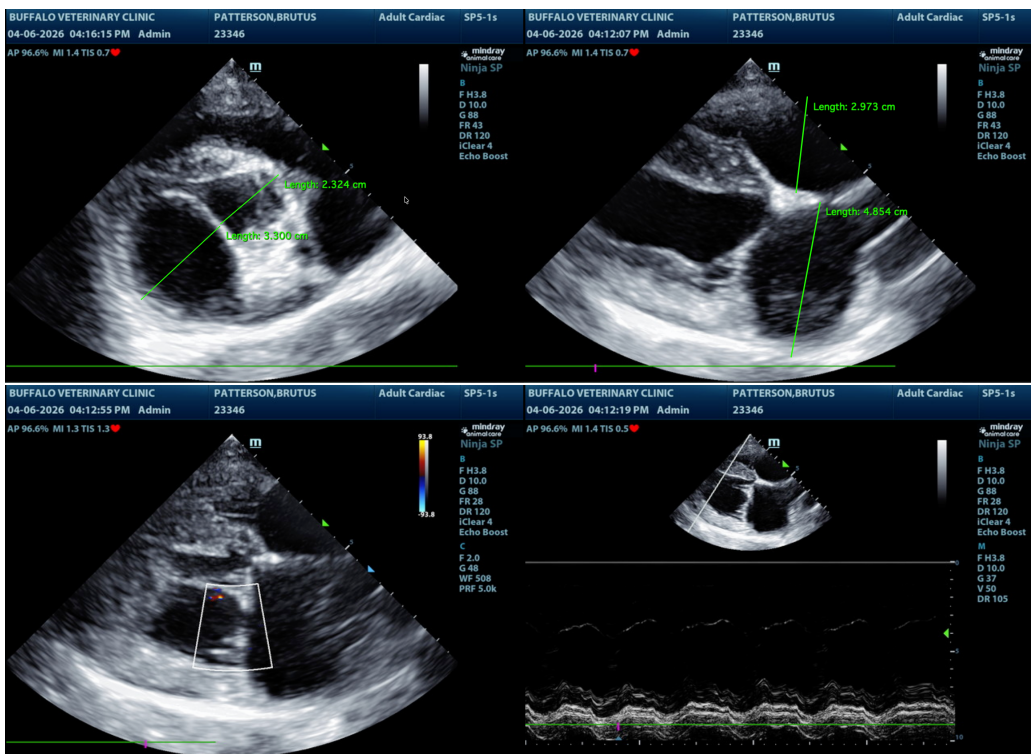
No special considerations are necessary.

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.

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info@SonoPath.com