



PATIENT

Squall Orpen

SPECIES

Canine

BREED

Lab x

SEX

Neutered Male

AGE

13 Years

WEIGHT

45.8 kg

INTERPRETED BY

Brad Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hawkins Animal
 Hospital

REFERRING VET

Dr. DaCosta

INVOICE

74227

DATE

4/6/26

PRESENTING CLINICAL SIGNS

Muscular/ortho - Generalized muscle atrophy. Chest sounds - Panting, no noisy breathing, no heart murmur heard. Oral - m2 tartar most teeth, mm pink

Current Medications: Gabapentin 300mg, 1 bid

Abnormal PE/Chem/CBC/UA Results: PLT 102 (165-500) ALP 1195 (20-150) AMY 1803 (200-1200)

Cytology -- Monomorphic small population, probable small cell lymphoma of subman lymph nodes. March 9th Spec cPLI -- 1018 (0-200) March 30th Spec cPLI -- 438 (0-200) Radiographic Findings - Diffuse mild bronchial and interstitial pulmonary pattern which is consistent with the age of the patient and degree of inflation. - No evidence of soft tissue nodules, pleural effusion, or lymph node enlargement. - Cardiovascular structures appear normal. - Trachea has a normal diameter. - Mediastinum is widened by fat. - Multiple lipomas within the body wall. labs and rads attached

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	45.8	110	4.49	3.03	1.12	5.1	3.39
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	0.2	1.0	1.1	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. No gross pulmonary



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pathology is identified on thoracic radiographs.

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ECG:

There is a six-lead ECG available for review. The underlying rhythm is regular at an average rate of 110bpm. The rhythm appears to be sinus in origin with narrow QRS complexes (<70ms). There is no atrial or ventricular ectopy and no conduction delay or block identified. This is most consistent with a normal sinus rhythm.

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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. 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.

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Anesthesia considerations:

No special considerations are necessary.

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Diet:

No special considerations are necessary. Any high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina is reasonable.

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Activity:

No special considerations are necessary.

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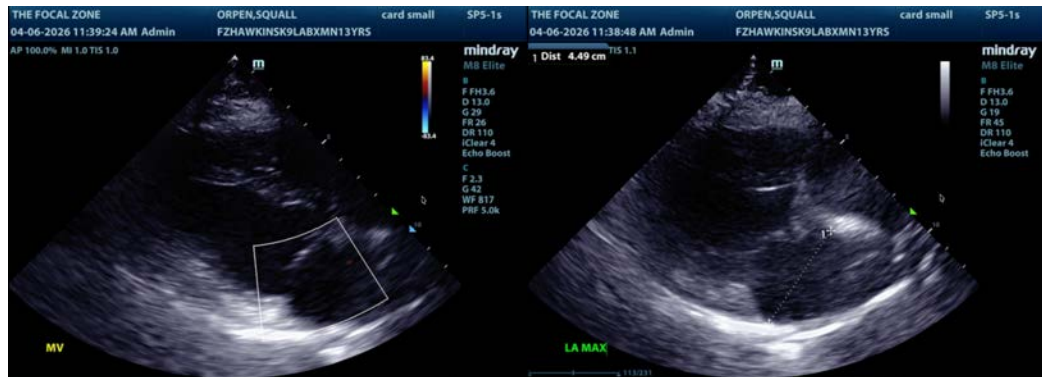
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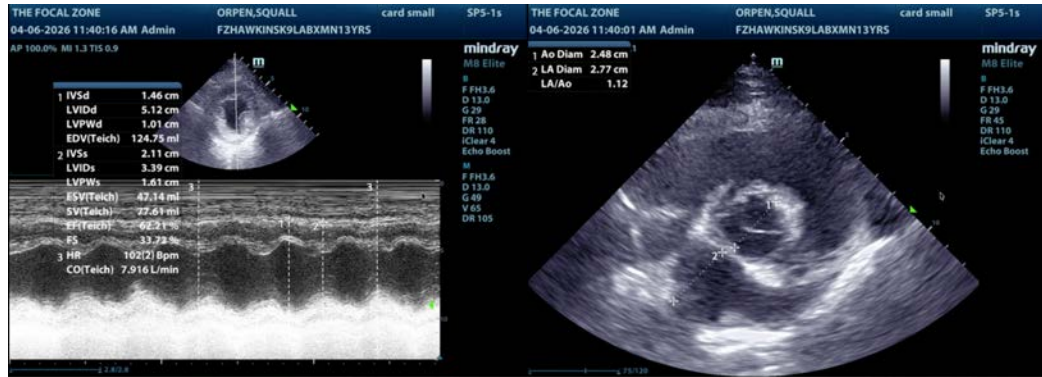
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

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