

PATIENT

Hannah Slenker

SPECIES

Canine

BREED

Great Dane

SEX

Spayed female

AGE

8 years

WEIGHT

146 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Dr. Henry

INVOICE

74247

DATE

4/7/26

PRESENTING CLINICAL SIGNS

- Discussed ECG results showing persistent atrial fibrillation with heart rate of 210 beats per minute, which is elevated for a large breed dog. Explained that atrial fibrillation can be associated with structural heart disease and congestive heart failure, though patient is not currently showing signs of congestive heart failure and is doing well at home. Discussed current diltiazem dosing (1 tablet TID) and need to increase to 1.5 tablets TID to achieve target heart rate below 160 bpm. Explained potential need for additional medication (digoxin) or extended-release diltiazem if current adjustment insufficient, noting GI upset and toxicity risks with digoxin. Discussed echocardiogram option to evaluate for structural cardiac disease

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

(Most assessments were made subjectively, as standard views were not obtained due to patient difficulty):

The left atrium is subjectively normal in dimension. The left ventricle is subjectively normal 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.

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	66.36 kg	NM	4.52	2.3	1.15	NM	NM
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	NM	NM	1.3	2.0	Not present	Not Present	NM



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ULTRASONOGRAPHIC FINDINGS

These findings are most consistent with an essentially normal echocardiogram. Given the history of atrial fibrillation, lone atrial fibrillation is a possibility. However, due to difficulties with restraints, typical echocardiographic views were not obtained, and occult structural disease cannot be excluded. Additionally, a heart-based mass cannot be excluded, but is not overtly noted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy is recommended at this time. A recheck echocardiogram with sedation or referral to a cardiologist is recommended for further evaluation.

Anesthesia considerations:

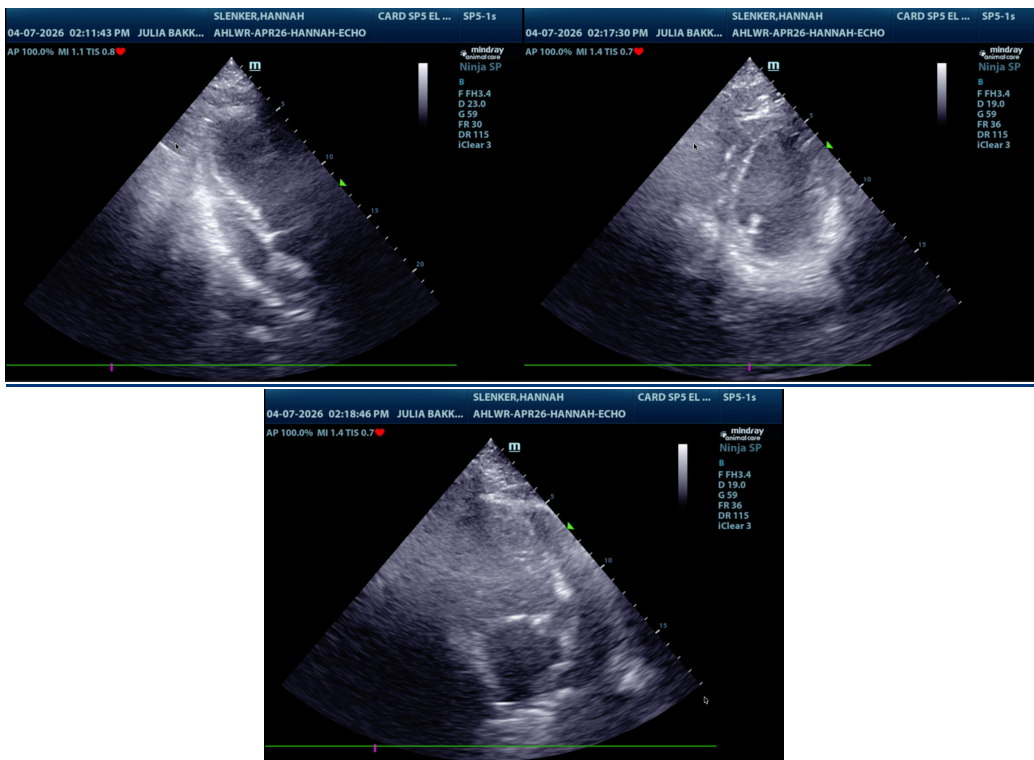
No special considerations are necessary.

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



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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)

info@SonoPath.com