



**DATE PRESENTING CLINICAL SIGNS**

5/11/26

**PATIENT**

Nayak Finnigan

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered male

**AGE**

7/29/18

**WEIGHT**

10.76 lbs

**INTERPRETED BY**

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

**HOSPITAL NAME**

Everhart VH

**REFERRING VET**

Dr. Goodman

**History:** Grade 2/6 heart murmur. Otherwise patient healthy. Echo for dental procedure.  
**Pertinent abnormal PE/Chem/CBC/UA Results:** Labwork not attached.  
**Current medications:** Diphenhydramine injection 3/26/2026, Sentinel Spectrum Chews 8.1-25lbs 2/12/26. Traz 25mg and Gaba 50mg 2 hours before.  
**Blood Pressure:** N/A.  
**Sedation used:** Not required to complete full diagnostic ultrasound.  
**Pertinent previous ultrasound results:** No previous.  
**STAT:** Not requested.  
**Imaging performed by:** Stephanie Warga RDCS, RVT.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

The left atrium is normal in dimension. The left ventricle is normal in dimension as well as systolic function. The right atrium and ventricle are normal in dimension, with normal systolic function, and no evidence of intraventricular septal flattening. The anterior and posterior mitral and tricuspid valve leaflets presented normal linear structure, extension in systole, and union in diastole without regurgitation, prolapse, or myxomatous changes noted. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural valvular integrity with no aortic insufficiency. The visible aorta is unremarkable. Pulmonary outflow tract assessment revealed a narrowed valve orifice mild doming and fused commissures, turbulent flow, an increased main pulmonary artery dimension, and moderate pulmonic insufficiency. There is no visible pericardial, pleural, or free peritoneal fluid 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	4.89 kg	NM	1.83	1.35	1.18	1.76	0.96
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	45	0.1	3.0	1.5	NM	NM	NM

**INVOICE**

75282

**ULTRASONOGRAPHIC FINDINGS**

These findings are consistent mild pulmonic stenosis. Given the patient's age, and lack of structural right sided changes, this is not a hemodynamically significant abnormality.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy will be recommended. Medical and interventional procedures are generally reserved for patients with severe stenoses, right sided remodelling, or clinical signs associated with the condition (syncope). There is no objection to anesthesia for the dental. A repeat echo is recommended in another 12 months.

### Anesthesia:

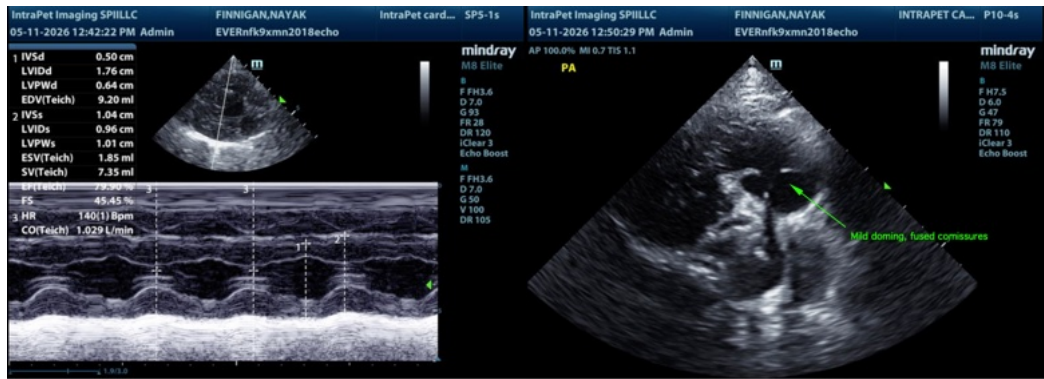
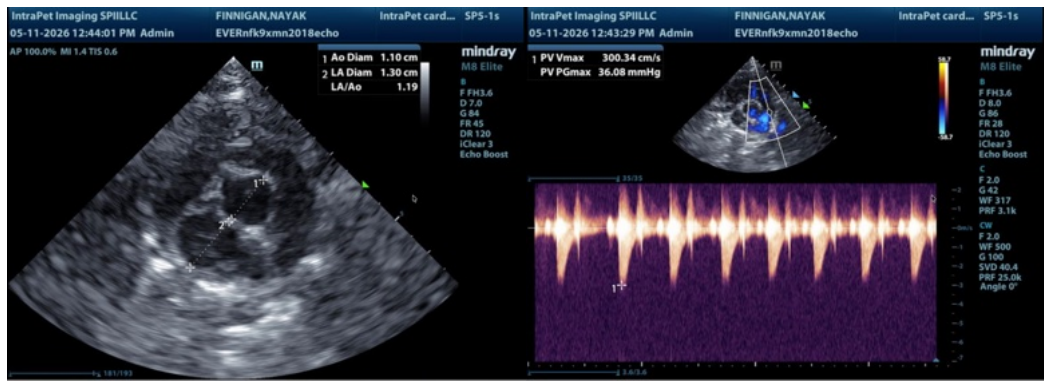
If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Skip any ACE-inhibitor (if receiving) on morning of anesthesia. Fluid therapy during anesthesia should be considered at a reduced rate (e.g., 5 ml/kg/hour) if possible. A shorter anesthetic duration will reduce the risk of complications. Pre-oxygenation is advised. Pre-medication with an opioid (i.e., butorphanol, hydromorphone, oxymorphone) with or without a benzodiazepine is generally the safest protocol. An induction agent such as Propofol, alfaxalone, or diazepam/etomidate can be used to effect. Maintenance of anesthesia with isoflurane or sevoflurane is reasonable.

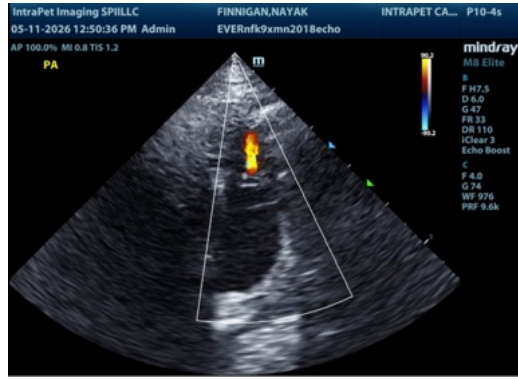
### Diet:

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:

Avoid overly strenuous activity.





**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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