



**PATIENT**

Hunty Pappas

**SPECIES**

Canine

**BREED**

Jack Russel Mix

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

20 lbs

**INTERPRETED BY**

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

**IMAGING PERFORMED BY**

Dr. Christopher  
Roberts

**HOSPITAL NAME**

Kentown Animal  
Hospital

**REFERRING VET**

Dr. Christopher  
Roberts

**INVOICE**

16121

**DATE**

05/12/26

**PRESENTING CLINICAL SIGNS**

P has had worsening cough over the last 3 days. P cough is worse lately . Was seen at sister clinic 4/25/26- rads performed and revealed concern for cardiac related disease. P was started on Vetmedin, enalapril and furosemide. O reports the meds have helped some but P still is coughing. O has not been monitoring resting resp. rate.

Abnormal PE/Chem/CBC/UA Results: BAR, H/L- no auscultable murmur. No arrhythmia. Increase in BV sounds with crackles present left and right caudodorsal lung fields. Mildly tachypneic HR- 136 RR- 72 mm- pink, crt <2sec CBC- monocytes- 1248 (0-840), all other values WNL Chem- Glob- 3.8 (1.6-3.6) UA - USG- 1.012 (after furosemide) all other values WNL HWT- neg x 4 fecal - neg BP- not performed

**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	9.09	140	2.42	2.19	1.38	2.7	1.16
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	57	0.1	1.0	NM	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, 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, intact chordae, 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. A moderate generalized bronchointerstitial pattern is noted on thoracic radiographs with a normal cardiac silhouette, no evidence of left atrial



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enlargement, and normal pulmonary vasculature.

## 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. Consider chronic lower airway disease or other primary pulmonary pathology.

## 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.

Anesthesia considerations:

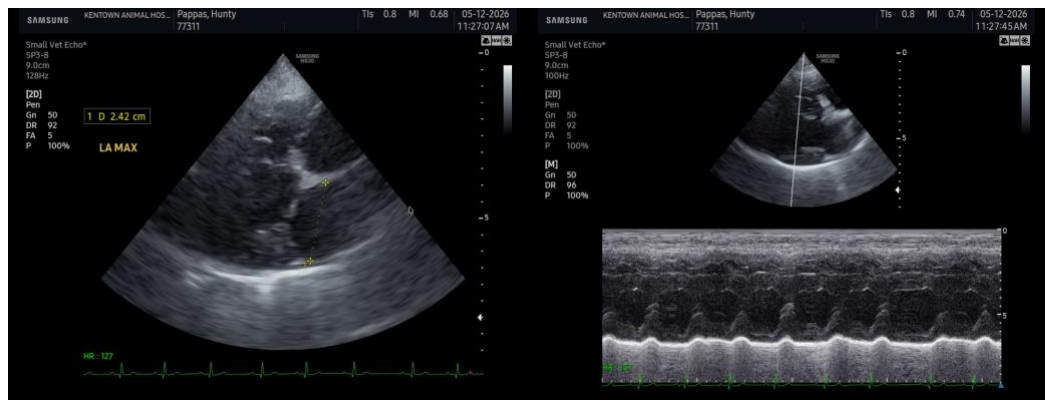
No special considerations are necessary.

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.

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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