



PATIENT

Baker Albert

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

8 years

WEIGHT

42.7 kg

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Country Companion
AH

REFERRING VET

Dr. Wanner

INVOICE

77667

DATE

5/18/26

PRESENTING CLINICAL SIGNS

History: AUS and Echo to further evaluate episodes of collapse vs severe paresis. Presented to pDVM for approximately 45 mins episode of collapse or inability to rise. O described the episode as; pet would lay still and did not move for approximately two hours following the episode. During the episode, Pet repeatedly looked toward the owner while lying down. Gait: owner reports wobbling or unsteadiness when walking, described as "drunk-like" tipping. Appetite: no breakfast; fed once daily in the evening. 2 episodes early today (5/15). 1) female owner found pet lying against the wall and seemed out of it; still conscious but not interactive the way she normally would be. Very abnormal behavior. Would not get up until male owner came home for lunch. She got up and they went outside to play fetch and everything seemed normal 2) a few hours later, had another episode similar to 1st. Pt had never behaved like this before. No obvious seizure activity or syncopal event. O mentioned she seemed more sedentary the other day too but not as extreme as today. Appetite has been normal with no V/D/C/S. PMHx: Hypothyroidism, Meds: Levothyroxine - 0.7 mg Abnormal PE/Chem/CBC/UA Results: Blood Pressure: 163, 193, 180, 181 mmHg - CBC: Hct 56%, plts 300, remainder NSF - Chem: NSF - T4: 3.7 H-norm, on thyroid supp - UA: USG 1.012, NSF

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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 thickened and redundant consistent with myxomatous changes, and there is no significant prolapse. There is mild 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.

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	42.7 kg	110	4.29	3.17	1.07	4.01	2.28
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	43	0.2	0.9	1.7	4.0	Not present	31



PATIENT

Baker Albert

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

8 years

WEIGHT

42.7 kg

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Country Companion
AH

REFERRING VET

Dr. Wanner

INVOICE

77667

DATE

5/18/26

ULTRASONOGRAPHIC FINDINGS

These findings are consistent with degenerative/myxomatous mitral valve disease with minimal to mild hemodynamic effects consistent with ACVIM Stage B1 disease. It is unlikely that any current morbidity is of cardiac origin.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy is recommended. There are no cardiac contraindications to anesthesia, fluid therapy, vasopressor therapy, or corticosteroids as indicated for further assessment and treatment. If not already performed, baseline thoracic radiographs and blood pressure are recommended. A recheck echocardiogram is recommended in 6 months.

Anesthesia considerations:

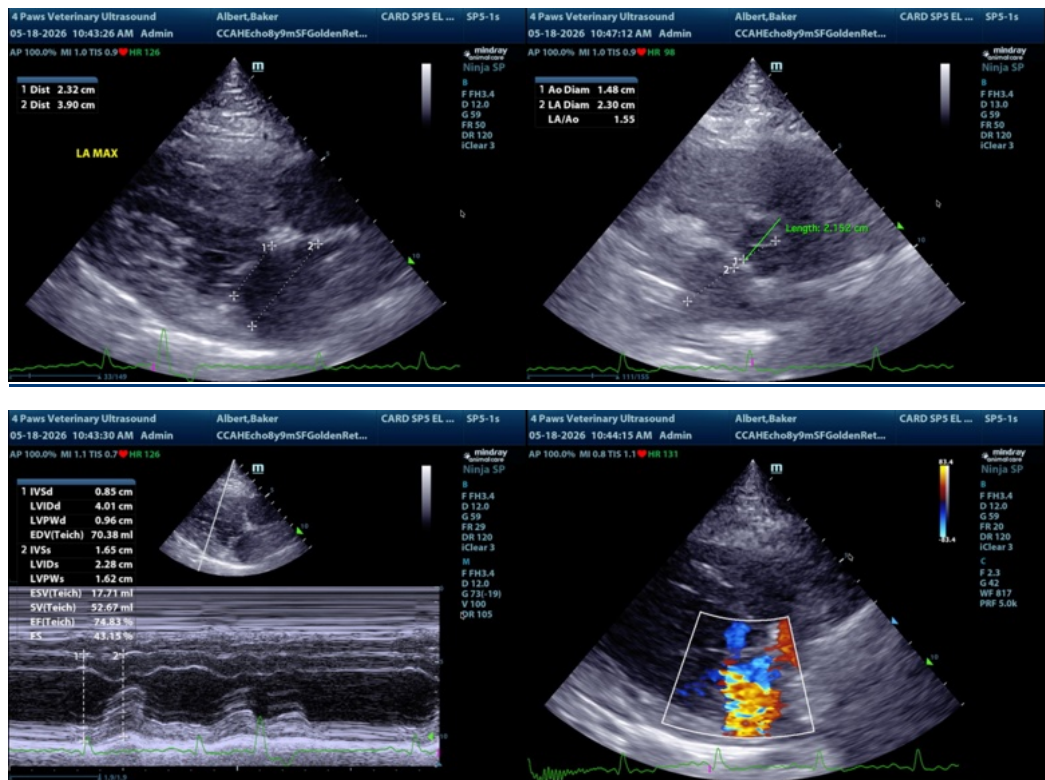
If anesthesia is necessary, alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a conservative rate (e.g., 5 ml/kg/hour) if possible.

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:

No special considerations are necessary.





PATIENT

Baker Albert

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

8 years

WEIGHT

42.7 kg

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Country Companion
AH

REFERRING VET

Dr. Wanner

INVOICE

77667

DATE

5/18/26

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)

info@SonoPath.com