



## PATIENT

Odie Salfid Rescue

## SPECIES

Canine

## BREED

Terrier Mix

## SEX

Neutered male

## AGE

7 months

## WEIGHT

55 lbs

## INTERPRETED BY

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

## IMAGING PERFORMED BY

Dr. Kristen Carpenter

## HOSPITAL NAME

Pennridge AH

## REFERRING VET

Dr. Mehaffey

## INVOICE

77690

## DATE

5/19/26

## PRESENTING CLINICAL SIGNS

History: Patient sedated with butorphanol

- hx of grade 1-2 L systolic murmur, first heard 12/2025 when patient was approx 3 months old and confirmed on subsequent exams

- Patient is aclinical for any cardiac signs or exercise intolerance

- Patient was neutered and did well with general anesthesia

- Chronic meds: Fluoxetine 20 mg PO SID, patient has been on heartworm prevention monthly

- Diet: lams large breed puppy

Abnormal PE/Chem/CBC/UA Results: - 4/15/26 Full bloodwork: NSF 4dx neg x4 Fecal NOS -

5/19/26 Thoracic rads: Subjective cardiomegaly with slight reverse D sign, possible R sided cardiac

enlargement. - 5/19/26 Blood Pressure 126, 123, 143 mm HG systolic

## 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 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 trivial 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	25 kg	100	3.65	2.7	0.89	3.46	2.31
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	33	0.3	0.9	1.8	NM	NM	NM

## 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.

### Anesthesia considerations:

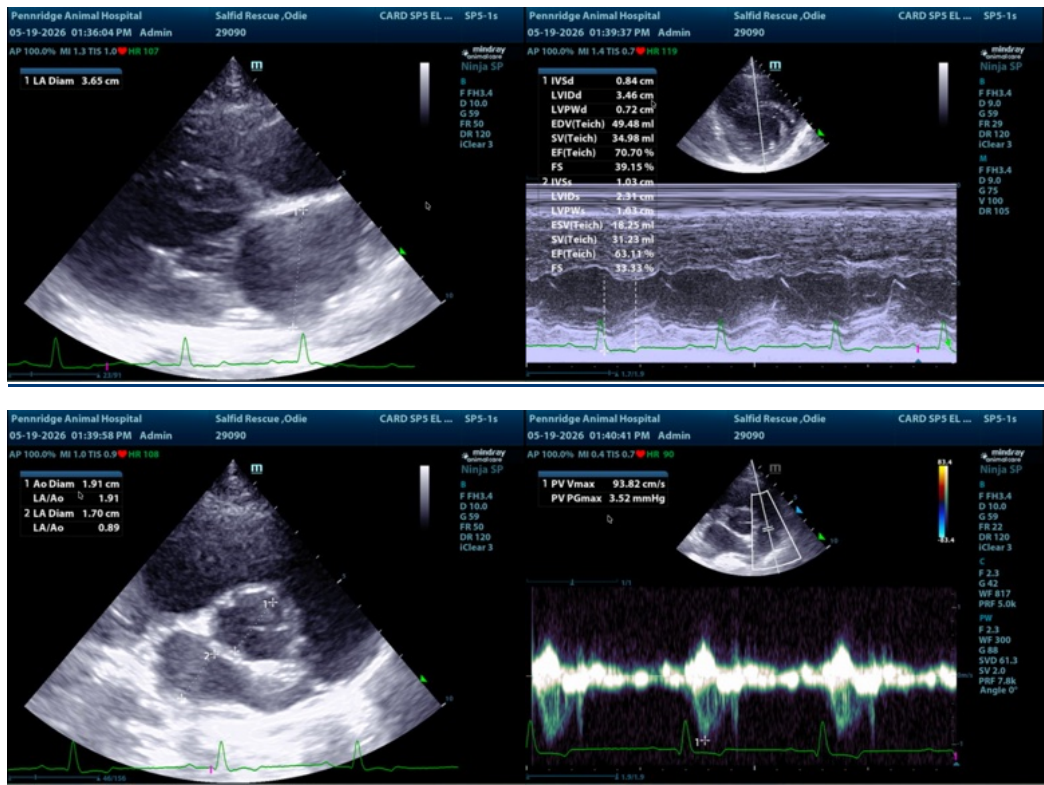
No special considerations are necessary.

### 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.





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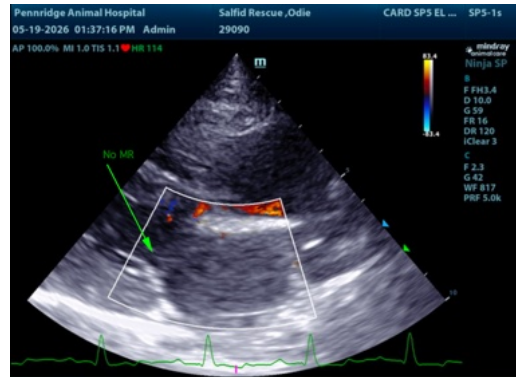
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

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