



PATIENT

Panda Snyder

SPECIES

Canine

BREED

Kuvasz

SEX

Female

AGE

6 years

WEIGHT

84 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Sam Doverspike

HOSPITAL NAME

Franklin Animal Clinic

REFERRING VET

Dr. Doverspike

INVOICE

77836

DATE

5/21/26

PRESENTING CLINICAL SIGNS

History: Breeding dog; Mobile vet identified a 3-4/6 systolic murmur on recent visit that had not been heard before.

PE: WNL Systolic 3/6 murmur w/ slow regular rhythm. Heard best on left side.

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 subjectively enlarged in dimension, with reduced systolic function, and evidence of intraventricular septal flattening. The anterior and posterior mitral 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. There is mild to moderate tricuspid regurgitation noted. Pulmonary outflow tract assessment revealed a narrowed valve orifice, turbulent flow, an increased main pulmonary artery dimension, and mild 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	38.18 kg	NM	3.62	3.37	1.22	4.37	2.44
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	44	NM	4.8	1.5	NM	NM	NM

ULTRASONOGRAPHIC FINDINGS

These findings are consistent with possible severe pulmonic stenosis, which is a likely explanation for the enlarged right side.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cardiac therapy with atenolol (initial dose 1-2 mg/kg BID) is recommended. Given the severity of disease, the merits of a balloon valvuloplasty should be discussed with the owner. A re-evaluation by a cardiologist would be appropriate to discuss further options. Otherwise, a repeat echo is recommended in another 6-12 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



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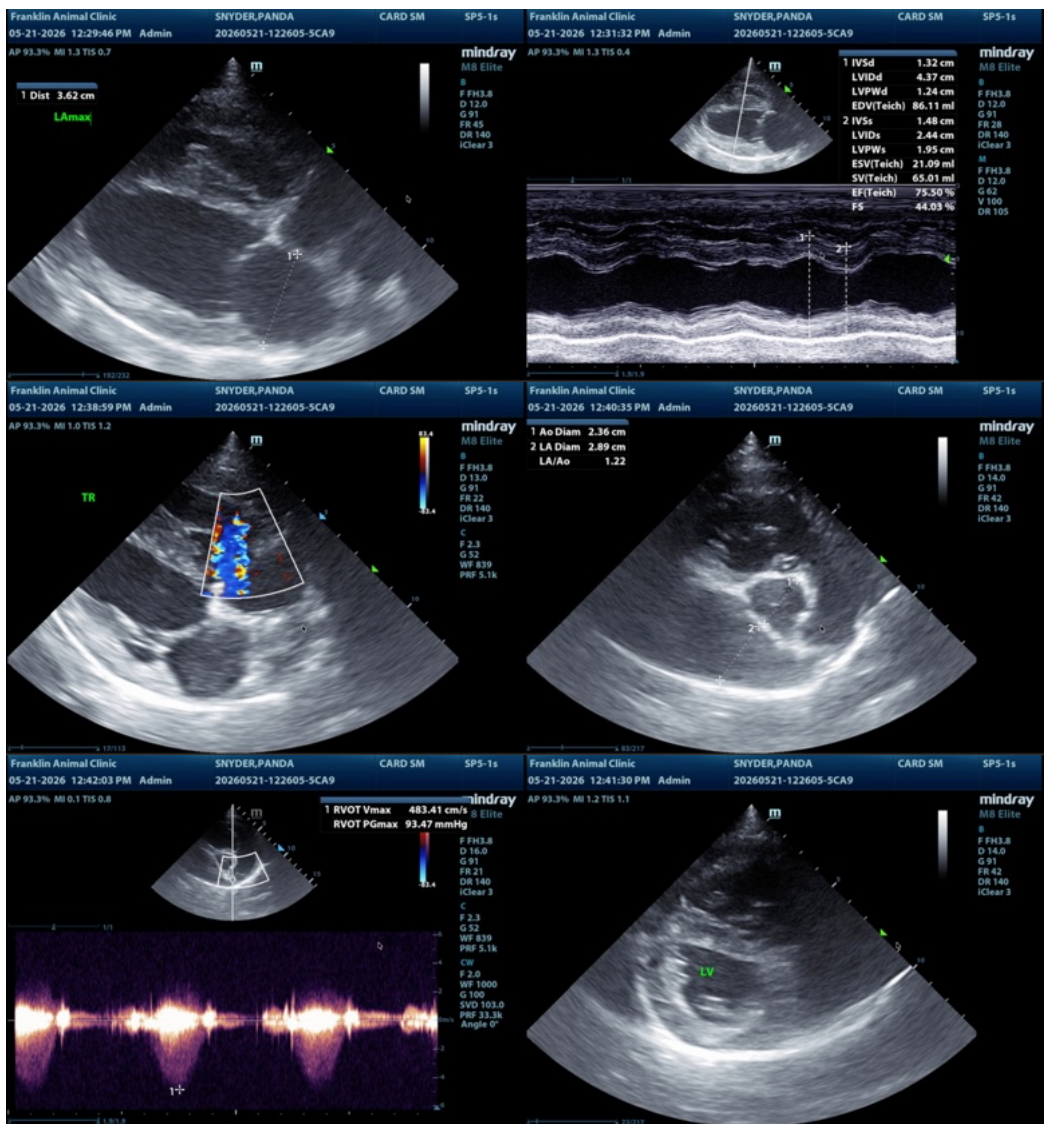
anesthesia should be considered at a reduced rate (e.g., 5 ml/kg/hour) if possible. A shorter anesthetic duration will reduce the risk of complications. Pre-oxygenation is advised. Pre-medication with an opioid (i.e., butorphanol, hydromorphone, oxymorphone) with or without a benzodiazepine is generally 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.





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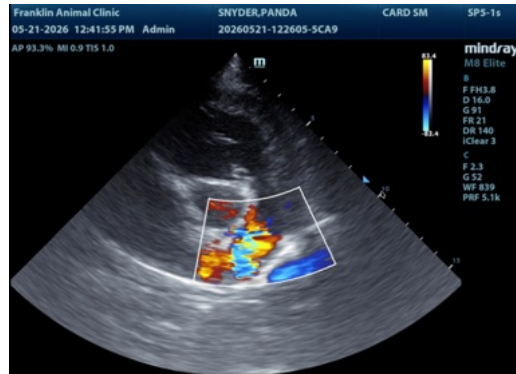
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com