

PATIENT

Diesel Hendrickson

SPECIES

Canine

BREED

Mastiff

SEX

Intact Male

AGE

8 Years

WEIGHT

71 kg

INTERPRETED BY

Brad Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Andrea Nicastro, DVM,
 DACVIM

HOSPITAL NAME

Blue Pearl Summerville

REFERRING VET

Dr. Kitzmiller

INVOICE

75373

DATE

5/22/26

PRESENTING CLINICAL SIGNS

Presented for lethargy and labored breathing. Clinical signs began over the weekend with lethargy and a decreased appetite; his food intake was reduced by about half from 5-6 cups per day to 3 cups. On Tuesday morning, he vomited water and mucus one time, and the owner noted the onset of heavy breathing, described as deep, more effortful, and open-mouthed. The owner reports that he visited his pDVM on Tuesday and Thursday, with radiographs and bloodwork being performed today prior to referral. Stools have been slightly loose but remain formed. PE abnormalities/notable findings: QAR, slightly fractious with handling, BCS 6/9, moderate tachypnea and dyspnea, muffled bronchovesicular sounds ventrally, intact male with both testicles descended, no obvious murmur ausculted

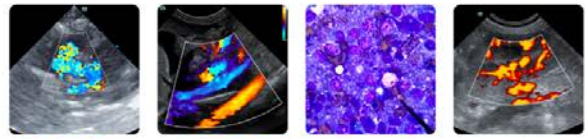
Abnormal PE/Chem/CBC/UA Results: CBC: NEU 12.91k (H), PLT 85k (L), rest WNL - Chem: Glob 5.0 (H), ALP 240 (H), rest WNL - POCUS: Moderate bilateral pleural effusion. Pulmonary A-lines dorsally with no B-lines detected. No pericardial effusion detected. Unable to view specific cardiac chambers due to patient size and compliance. No peritoneal effusion detected. HR: 170 bpm; RR: panting Rad findings: 1. Ventral thoracic mass. Consider mediastinal origin (thymoma, round cell neoplasia, mediastinitis) or less likely pulmonary origin (primary pulmonary neoplasia, granuloma, bronchopneumonia). 2. Pleural effusion, nonspecific. 3. S4 Sclerosis. DDx summation artifact, congenital anomaly, osteomyelitis. 4. Non-specific hepatomegaly.

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	71	150	4.14	4.08	1.08	3.67	2.54
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	31	NM	1.0	0.8	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



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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. No evidence of hepatic venous congestion is noted. There is a large intrathoracic mass with moderate pleural effusion noted.

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.

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:

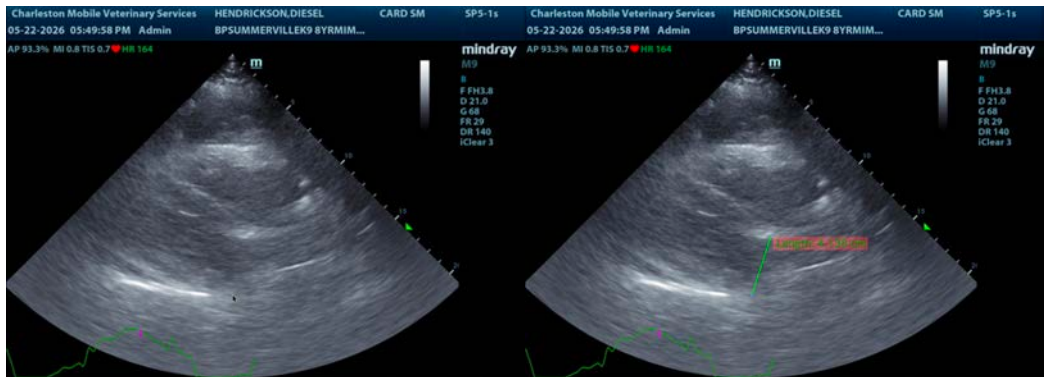
No special considerations are necessary.

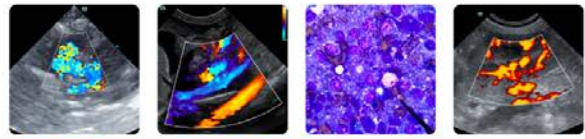
Diet:

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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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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

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