

PATIENT

Freckles True

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

Spayed Female

AGE

9 Years 10 Months

WEIGHT

19.1 lbs

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Black River Veterinary Hospital

REFERRING VET

Dr. Vex

INVOICE

16447

DATE

05/22/26

PRESENTING CLINICAL SIGNS

Pre-anesthetic echo. Grade 2/6 heart murmur, normal rate/rhythm. KCS. Current Medications: Tacrolimus

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	8.68	160	3.05	1.95	1.07	2.91	1.92
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	34	NM	0.6	1.0	5.7	NM	NM

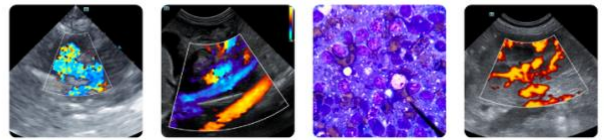
Cardiac Presentation

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 thickened and redundant consistent with myxomatous changes, and there is minimal prolapse. There is mild to moderate mitral regurgitation identified. The tricuspid valve leaflets are minimally thickened, with mild 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.

ECG

There is a single-lead rhythm strip available for review. The underlying rhythm appears to be a normal sinus rhythm. There are intermittent ventricular premature contractions (VPCs) with couplets and short runs of ventricular tachycardia.

ULTRASONOGRAPHIC FINDINGS



PATIENT

Freckles True

SPECIES

Canine

BREED

Cavalier King Charles
 Spaniel

SEX

Spayed Female

AGE

9 Years 10 Months

WEIGHT

19.1 lbs

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Black River Veterinary
 Hospital

REFERRING VET

Dr. Vex

INVOICE

16447

DATE

05/22/26

- 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. Additionally, a ventricular dysrhythmia is documented. Ventricular arrhythmias occur in many clinical settings, generally divided into cardiac and non-cardiac causes. Cardiac conditions include structural heart disease, pericardial effusion/cardiac neoplasia, and rarely myocarditis. Non-cardiac causes are common and include splenic disease, metabolic disease, electrolyte disturbances, tick-borne disease, fever, anemia, trauma, GDV, hepatic disease, GI disease, pancreatitis, DIC, and sepsis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, therapy for the dysrhythmia is recommended, despite the lack of evidence for an underlying cardiac cause. Sotalol (1-2mg/kg BID) is recommended as a first line therapy. Further diagnostics might help tailor therapeutic recommendations. Consider the following:

- Abdominal ultrasound to look for abdominal causes of VPCs (e.g., splenic/adrenal changes)

- Consider 24-48 hour ambulatory ECG (Holter) monitor to assess significance of arrhythmia

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:

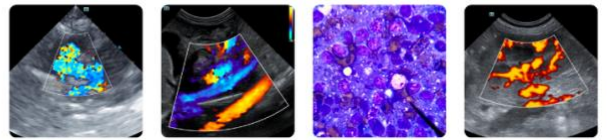
If anesthesia is necessary, alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a conservative rate (e.g., 5 ml/kg/hour) if possible.

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

Freckles True

SPECIES

Canine

BREED

Cavalier King Charles
 Spaniel

SEX

Spayed Female

AGE

9 Years 10 Months

WEIGHT

19.1 lbs

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Black River Veterinary
 Hospital

REFERRING VET

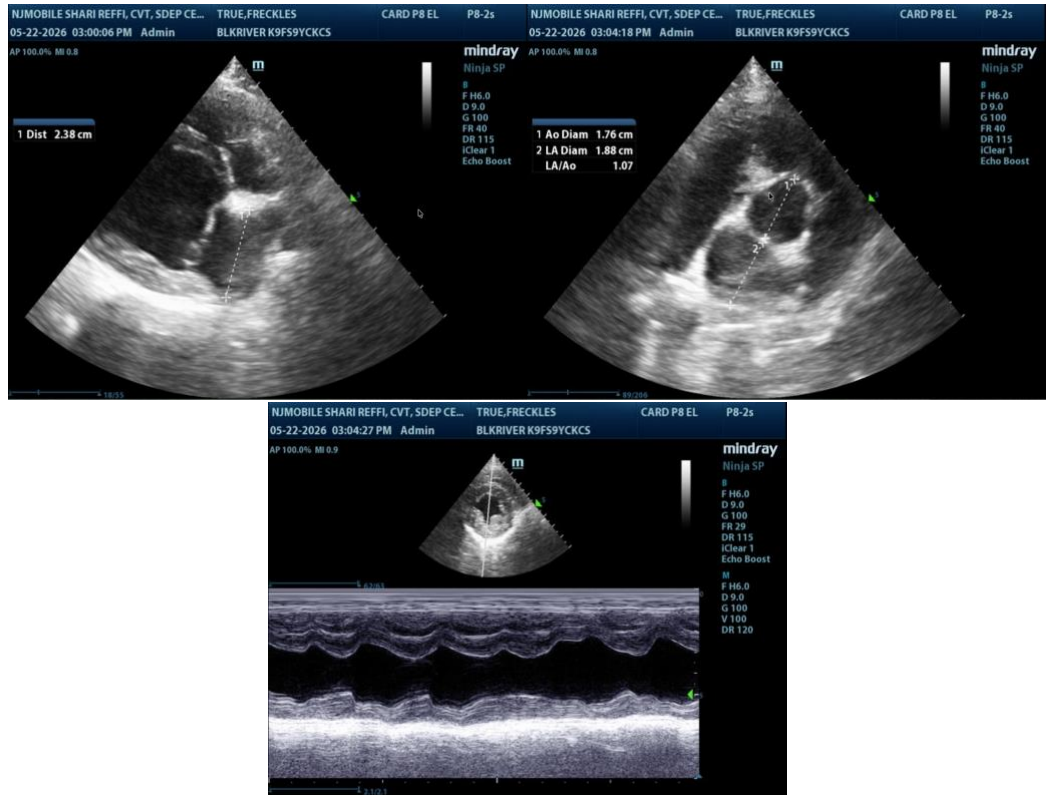
Dr. Vex

INVOICE

16447

DATE

05/22/26



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