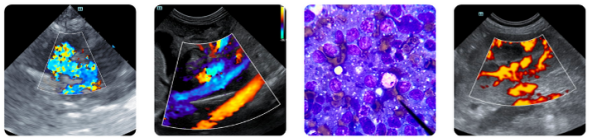

PATIENT

Rocco Nadeau

SPECIES

Canine

BREED

Aussie Mix

SEX

MN

AGE

3 years

WEIGHT

20 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Karen Ebersole, DVM DABVP (Canine & Feline)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Golden

INVOICE

12020

DATE

5/27/2026

PRESENTING CLINICAL SIGNS

Finished HW treatment, last Immiticide inj 2/6/2026. Steroid taper and strict rest after. Persistent cough started 3/7/2026. Responded to steroids and rest (Pred 2.5 mg SID then EOD). OR cough recurs if stop steroids - currently on them. Butorphanol IM for sedation.

Abnormal PE/Chem/CBC/UA Results: PE: Grade 3/6 systolic murmur. 3/11/26: Microfilaria Neg. CXR attached (from Dec 2025).

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	9.09 kg	NM	2.61	1.45	1.26	3.01	2.3
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	24	0.2	0.7	1.1	NM	NM	39

Cardiac Presentation

The left atrium is normal in dimension. The left ventricle is normal in dimension, with marginal 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 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. There is a mild bronchointerstitial pulmonary pattern with no significant cardiomegaly on thoracic radiographs.

ULTRASONOGRAPHIC FINDINGS

- These findings are consistent with an essentially normal echocardiogram. Any murmur will be considered functional in origin. There is no residual cardiac effect of the heartworm disease noted on this study. The cough is likely secondary to the chronic inflammation induced by the disease, but other concurrent primary airway diseases cannot be ruled out.

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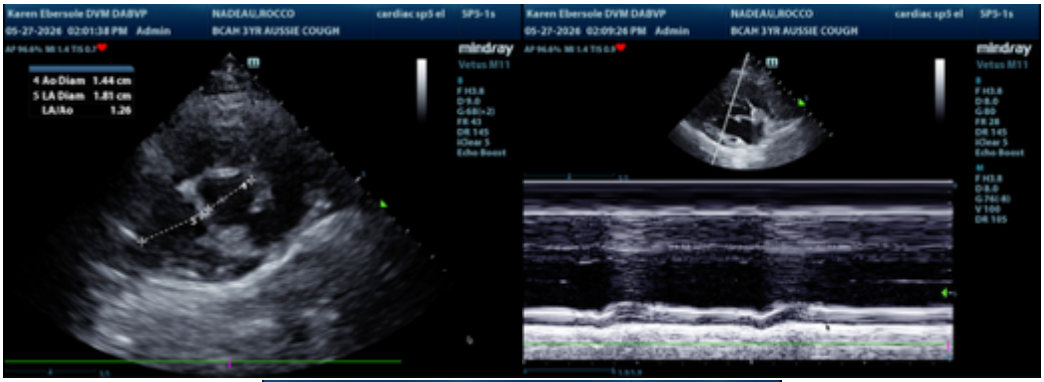
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

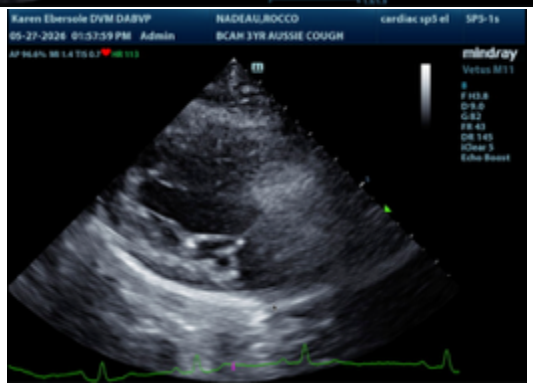
Given these findings, no cardiac therapy is recommended. There are no cardiac contraindications to fluid therapy or corticosteroid therapy, as indicated for further assessment and treatment. Heartworm testing according to the American Heartworm Society guidelines post treatment is recommended. No specific 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.





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