



PATIENT

Gus Galt

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

2 years

WEIGHT

42 kgs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Kuzimski

INVOICE

12034

DATE

5/28/2026

PRESENTING CLINICAL SIGNS

Patient presented for additional work up regarding his abnormal neurological-like episodes. On 4/17 - he was playing when with a tennis ball in his mouth, he became unresponsive, hypersalivated, and voided urine and feces. this occurred for approximately two minutes before resolving immediately. similar episodes have occurred once a week with last episode 1.5 weeks ago (the latter episodes he did not void) Patient has history of GI upset and food allergies. Patient was seen by neurologist this morning. Per specialist, they advised bile acid testing, radiographs (chest), and an echocardiogram.

Current medications: Levetiracetam 750mg ER, Gabapentin 400mg, Budesonide 5mg. Patient dosed with Butorphanol Injectable prior to performing Echo

Abnormal PE/Chem/CBC/UA Results: Performed bile acids testing in hospital today Fasted Bile acids (pre). 4.1umoL/L. patient was fed, and a post was pulled two hours after. Bile acids (post). 11.2umoL/L Blood pressure (cuff 8, LF, right lateral). 146/66 MAP 92 Bile Acids results attached ECG attached Radiograph Report attached Records from Neurology visit attached.

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 | 42 kgs | 80 | 3.58 | NM | 1.36 | 4.63 | 2.80 |
| 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 | 40 | 0.1 | NM | NM | NM | NM | 40 |

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 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.



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ECG

There is a single-lead ECG available for review. The underlying rhythm is regular at an average rate of 80bpm. The rhythm appears to be sinus in origin with narrow QRS complexes. There is no atrial or ventricular ectopy and no atrioventricular block identified. This is most consistent with a normal sinus rhythm.

ULTRASONOGRAPHIC FINDINGS

- These findings are consistent with an essentially normal echocardiogram; however, the outflow tracts were insufficiently interrogated with spectral doppler to exclude congenital disease as a potential cause of the reported episodes.

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:

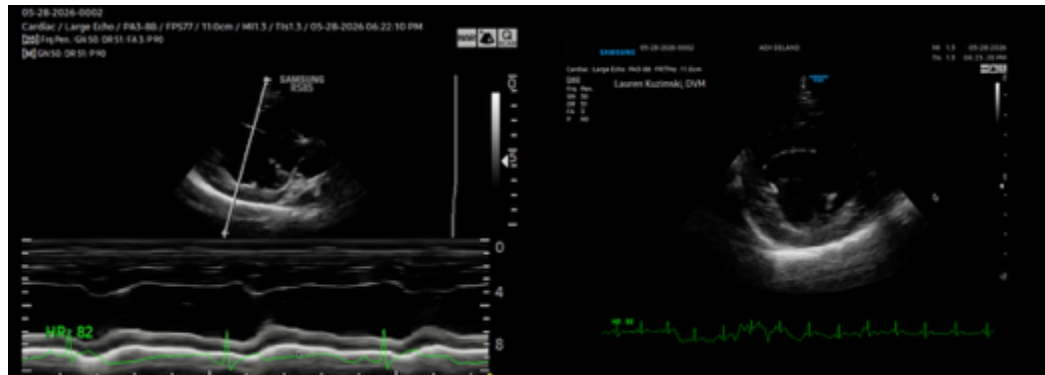
No special considerations are necessary.

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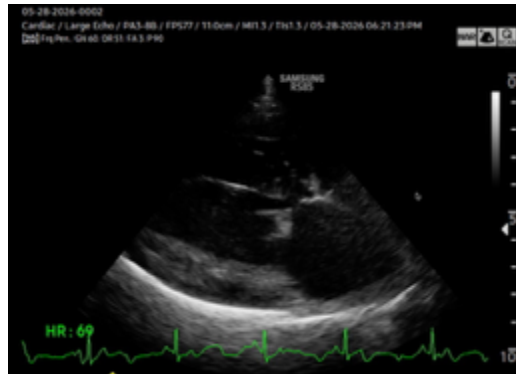
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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