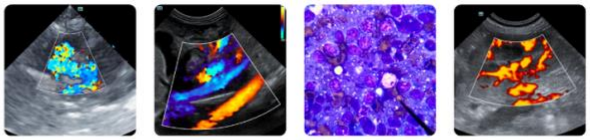


PATIENT

Josie Long

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Female

AGE

5 Years

WEIGHT

21 Pounds

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Ackmann

HOSPITAL NAME

Buffalo VC

REFERRING VET

Dr. Crocker

INVOICE

37245

DATE

5/28/26

PRESENTING CLINICAL SIGNS

History: Heart murmur diagnosed at birth. The last echocardiogram was performed at CSU when she was 1.5 years old, and it was reported as stable at that time. The owner reports an episode of exercise intolerance 3-4 days ago, where Josie sat down after walking only a block and a half and refused to continue, which is abnormal for her.

Abnormal PE/Chem/CBC/UA Results: 5/8/26: Auscultation: Grade IV/VI heart murmur noted, PMI at the sternum and left of center, which is consistent with previous examinations. No arrhythmias. Lungs sound clear, no crackles or wheezes, normal respiratory rate. Thoracic Radiographs (3 views, including inspiratory/expiratory laterals): - The right side of the heart appears obviously enlarged. No previous films are available for comparison. - There are no radiographic signs of congestive heart failure. - There are signs consistent with chronic bronchitis, including a pattern of thickened airways (bronchial pattern), though mild.

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	9.55	NM	2.36	2.63	NM	2.41	1.27
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	47	0.1	NM	1.4	NM	NM	NM

Cardiac Presentation

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, with adequate systolic function, and evidence of mild 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. There is mild tricuspid regurgitation. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural valvular integrity with no aortic insufficiency. The visible aorta is unremarkable. Pulmonary outflow tract assessment revealed a narrowed valve orifice with evidence of dysplasia, turbulent flow, an increased main pulmonary artery

PATIENT

Josie Long

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Female

AGE

5 Years

WEIGHT

21 Pounds

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Ackmann

HOSPITAL NAME

Buffalo VC

REFERRING VET

Dr. Crocker

INVOICE

37245

DATE

5/28/26

dimension, and mild pulmonic insufficiency. The scale of the spectral doppler is not increased sufficiently to measure a gradient, but it appears to be over 5m/s. 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.

ULTRASONOGRAPHIC FINDINGS

- These findings are consistent severe pulmonic stenosis, which is a likely explanation for the enlarged right side, and possibly for the exercise intolerance.

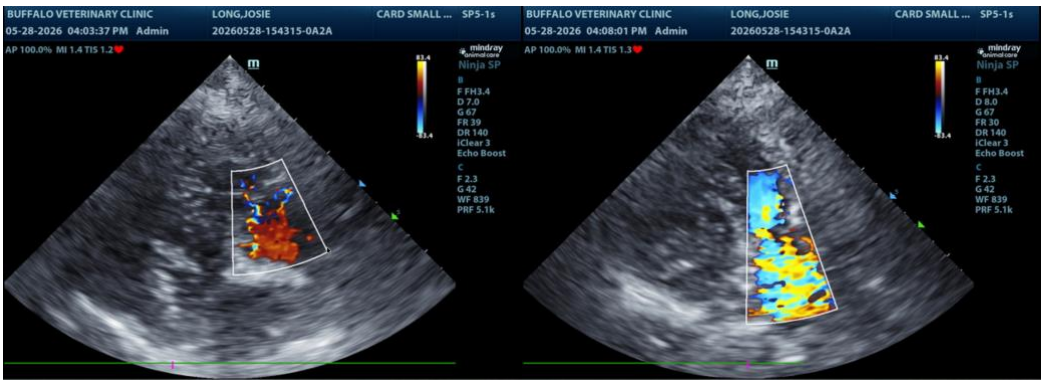
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cardiac therapy with atenolol (initial dose 1-2 mg/kg BID) is recommended if not already being administered. Given the severity of disease, the merits of a balloon valvuloplasty should be discussed with the owner. An evaluation by a cardiologist would be appropriate for long-term management. A repeat echo is recommended in another 6-12 months.

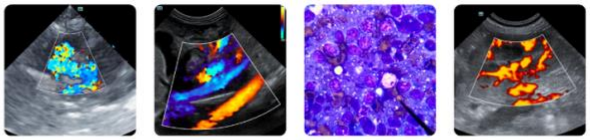
Anesthesia:
If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Skip any ACE-inhibitor (if receiving) on morning of anesthesia. Fluid therapy during anesthesia should be considered at a reduced rate (e.g., 5 ml/kg/hour) if possible. A shorter 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.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Josie Long

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Female

AGE

5 Years

WEIGHT

21 Pounds

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Ackmann

HOSPITAL NAME

Buffalo VC

REFERRING VET

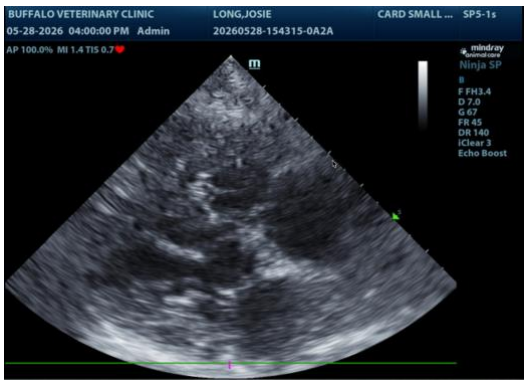
Dr. Crocker

INVOICE

37245

DATE

5/28/26



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