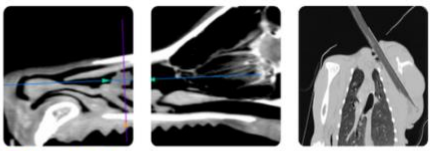


PATIENT

Jovi Hunter

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

18 Months

WEIGHT

35.2 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (Cardiology)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

The Collegeway AH

REFERRING VET

Dr. Hanna/Nessiem

INVOICE

37261

DATE

5/28/26

PRESENTING CLINICAL SIGNS

History: Presented 5/25/26 for acute onset of short, fast breathing, gagging and coughing. Began the day after returning home from month long stay at a board and train facility. Slip lead was used for training. Acute onset tachypnea, gag, cough. Grade 2/6 HM. Rads suggestive of cardiomegaly VHS 11.1 and prominent bronchial pattern. Started Clavaseptin and Cerenia.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

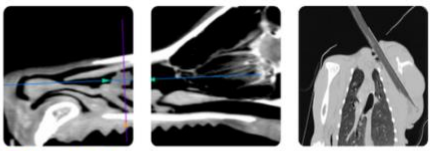
CANINE CARDIAC PARAMETERS	BW	HR BPM	LAD 4 ch Long	RAD 4 ch Long	La/Ao Heart Base	LVIDd	LVIDs
NORMAL PARAMETER		50-100			<1.6		
PATIENT	35.2	130	3.89	2.55	1.11	3.62	2.34
CANINE CARDIAC PARAMETERS	**FS**	**EPSS**	**PV V MAX (m/s)**	**AV V Max (m/sec)**	**MR Vmax**	**TR Vmax**	**RPA distensibility (normal >30%)**
NORMAL PARAMETER	28-40	<0.6	0.7-1.6	0.7-1.7	4.5-5.5	< 2.7	
PATIENT	35	0.5	1.2	2.2	NM	1.8	39

ECG Interpretation

There is a six-lead ECG available for review. The underlying rhythm is regular at an average rate of 130bpm. The rhythm appears to be sinus in origin with narrow QRS complexes. There is no atrial or ventricular ectopy and no conduction delay or block identified. This is most consistent with a normal sinus rhythm.

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 mild mitral regurgitation identified. The tricuspid valve leaflets are appropriately thin with adequate apposition, intact chordae, with trivial tricuspid regurgitation and no evidence of pulmonary hypertension. The left ventricular outflow tract demonstrated mildly turbulent 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 mild aortic valve



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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 generalized bronchial pulmonary pattern.

ULTRASONOGRAPHIC FINDINGS

- These findings identify mitral and aortic regurgitation in the setting of a marginally elevated left ventricular outflow tract. Given the breed, a mild subvalvular aortic stenosis with mitral valve dysplasia is considered a possibility, however the minimal nature of the elevation may also simply represent a variation of normal with trivial mitral valve dysplasia vs early onset endocardiosis. Regardless, the current morbidity is unlikely cardiac in origin.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy will be recommended at this time. Antibiotic therapy should be used prior to any anesthetic or dental procedure, as well as with any wounds or lacerations, as infective endocarditis is a concern in animals with subvalvular aortic stenosis. A repeat echocardiogram is recommended in 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.

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SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

Teleradiology
Educational Teleconsultation Services™

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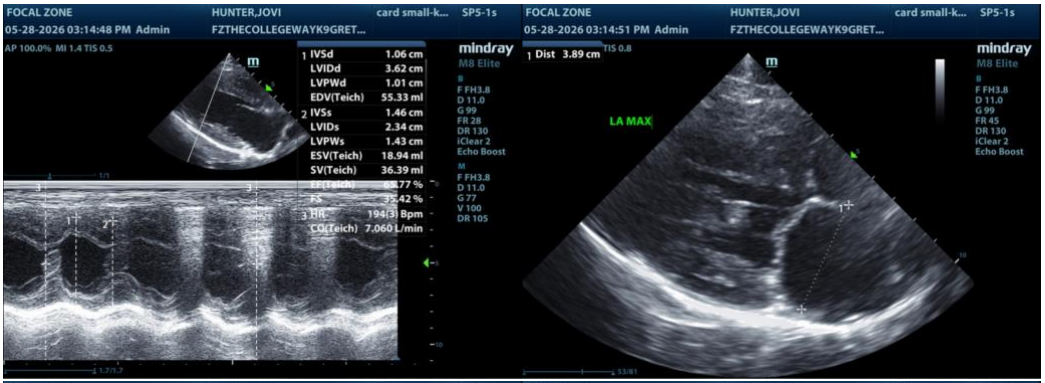

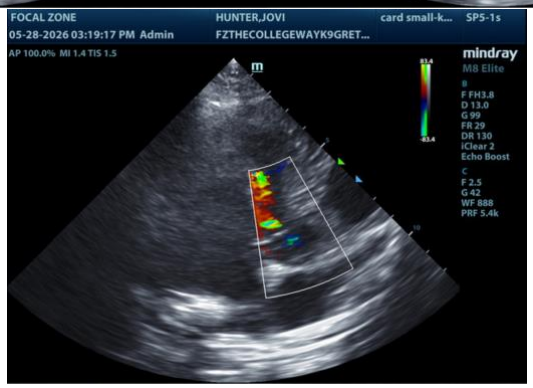

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com