SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Norbert Dillon

SPECIES

Canine

BREED

Dachsund

SEX

MN

AGE

3 years

WEIGHT

15 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

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

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Hale

INVOICE

12033

DATE

5/28/2026

PRESENTING CLINICAL SIGNS

Presented on Wednesday, May 27th for an episode of collapse/suspected syncope that occurred on Saturday, May 24, 2026. Prior to episode he went for a long walk, was well-hydrated then rested in a car for 2 hours. Episode occurred during a shorter second walk in the evening. Vomited, then walked a few steps and laid down. O picked up and his head was lolling, and when placed on ground he became unresponsive with eyes rolled back for a few seconds. Gums appeared gray/white and pale during the episode. No seizure-like shaking or convulsions noted. Recovered quickly but remained groggy and dazed. Gum color returned to pink within 30 mins and mentation improved. Starting next day, small non-pruritic bumps noted all over his body. For past 1-2 days, leaking a clear, white mucoid discharge from rectum. Butorphanol for sedation - very nervous.

Abnormal PE/Chem/CBC/UA Results: PE: no audible murmur or arrhythmia. BW - pending as of time of echo.

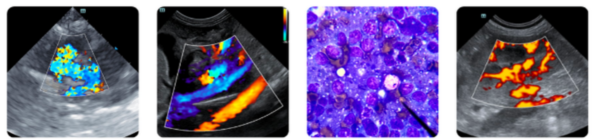
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	6.82 kg	130	2.66	1.78	1.26	2.87	1.85
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	36	0.2	1.3	1.3	NM	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 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.

ECG



PATIENT

Norbert Dillon

SPECIES

Canine

BREED

Dachsund

SEX

MN

AGE

3 years

WEIGHT

15 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

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

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Hale

INVOICE

12033

DATE

5/28/2026

A six-lead ECG at a paper speed of 25mm/s is available for review. The average heart rate is approximately 130bpm, with a normal mean electrical axis. The QRS complexes are sinus in origin, with appropriate P-Q intervals. There are irregular R-R intervals, consistent with respiratory variation. There is no evidence of atrial or ventricular ectopy, nor any atrioventricular block. The underlying rhythm is most consistent with a respiratory sinus arrhythmia (normal physiologic change).

ULTRASONOGRAPHIC FINDINGS

- These findings are consistent with an essentially normal echocardiogram. Any murmur will be considered functional in origin. No cardiac cause of the morbidity is identified, however occult pulmonary hypertension or transient arrhythmia cannot be excluded.

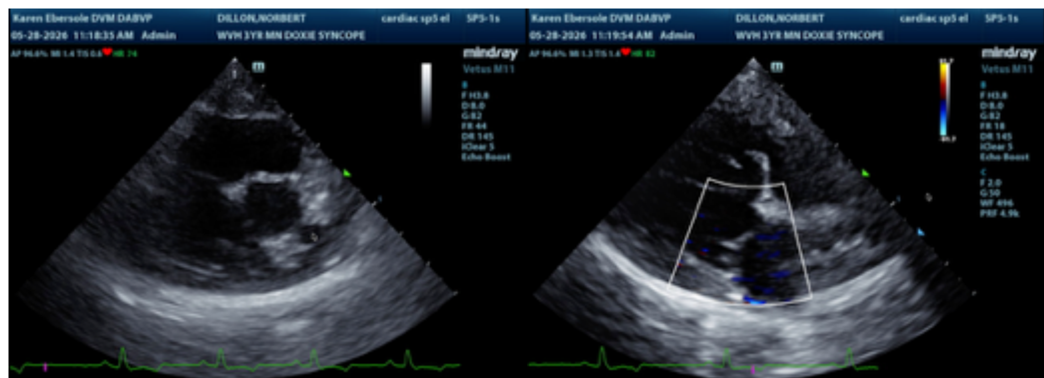
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.



PATIENT

Norbert Dillon

SPECIES

Canine

BREED

Dachsund

SEX

MN

AGE

3 years

WEIGHT

15 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

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

HOSPITAL NAME

Scanvet

REFERRING VET

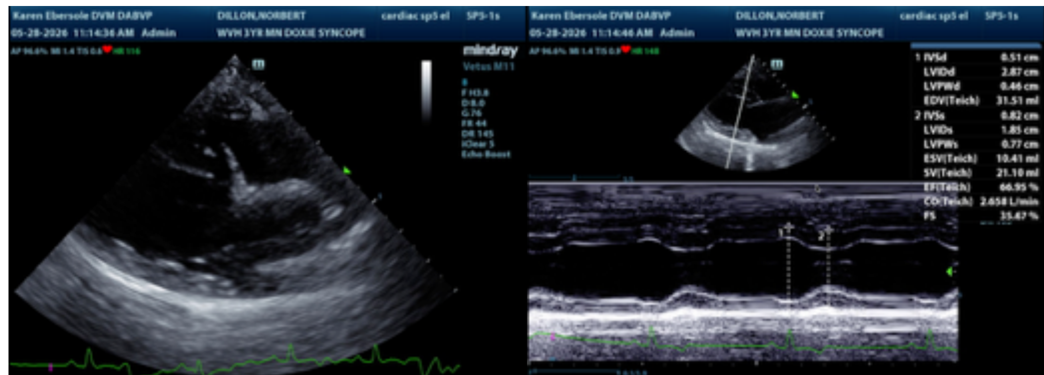
Dr. Hale

INVOICE

12033

DATE

5/28/2026



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