



PATIENT

Irma Crockett

SPECIES

Canine

BREED

Shih Tzu x

SEX

Spayed Female

AGE

13.5

WEIGHT

8.6 kg

INTERPRETED BY

Brad Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Sarah Burns

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Sarah Burns

INVOICE

75557

DATE

5/31/26

PRESENTING CLINICAL SIGNS

The family reports that for the last week, Irma has not been eating well, has loose stools and seems painful. Today, she is very lethargy, very painful, and not eating at all. She now has watery diarrhea. Irma was rechecked last week with her primary DVM, bloodwork showed worsening elevated kidney and lipase levels. Family is very interested in abdominal ultrasound, she has one scheduled in the next 3 wks, but she feels that Irma is not doing well. No recent vomiting, no C/S or respiratory signs noted.

Irma has a previous history of chronic kidney disease and hypertension, currently on Benazepril. She also has a history of chronic pancreatitis, seen at Wilvet ER in Nov 2025, and again earlier this month, 5/11/26, for signs. She was treated with Panoquel both times. She is also on cerenia, codeine, gabapentin, propectalin for diarrhea, and still isn't comfortable. Family has been feeding very bland diet of chicken and rice since last episode. Current Medications: Gabapentin 100mg 1 cap q8-12, Benazepril 10mg 1 tab q 12, Propectalin 1 tab q8, Fluoxetine 10mg 1.5 tabs q24, Codeine 15mg 1/2 tablet q12 last tab at 1:00pm, Cerenia oral dose yesterday morning

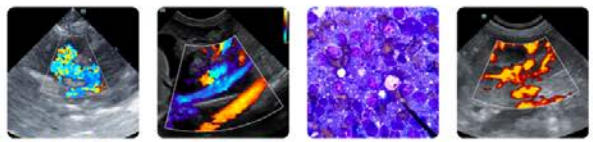
Abnormal PE/Chem/CBC/UA Results: CBC showed Hct 38.5%, WBC 5.85 thou/uL with normal differential, plts 340. - Chem showed Creat 2.9 (H), BUN 77 (H), ALT 176 (H), Lipase 2791 (H), otherwise normal values. - Panc Lipase 1104 (H). - EPOC showed Hct 32% (L), pH 7.23 (L), Na 146, K 4.9, Cl 117, iCal 1.33.

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	8.6	NM	NM	NM	1.38	2.92	1.71
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	41	0.2	0.8	1.4	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 subjectively thickened and redundant consistent with myxomatous changes, and there is no significant prolapse. The tricuspid valve leaflets are appropriately thin with adequate apposition, intact chordae, and no evidence of pulmonary hypertension. The left ventricular outflow tract demonstrated normal laminar flow and the visible aorta is unremarkable. The



PATIENT

Irma Crockett

SPECIES

Canine

BREED

Shih Tzu x

SEX

Spayed Female

AGE

13.5

WEIGHT

8.6 kg

INTERPRETED BY

Brad Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Sarah Burns

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Sarah Burns

INVOICE

75557

DATE

5/31/26

right ventricular outflow tract assessment revealed normal laminar flow, with appropriate main pulmonary artery diameter. 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.

ULTRASONOGRAPHIC FINDINGS

- Without color doppler, assessment of valvular integrity is not made. This interpretation is based on 2D and M-mode findings alone. These findings are consistent with an essentially normal echocardiogram, with the potential for mild degenerative mitral valve disease (ACVIM Stage B1). If a murmur is present, it may be functional, or secondary to AV valvular regurgitation. No cardiac cause of the morbidity is identified.

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.

Anesthesia considerations:

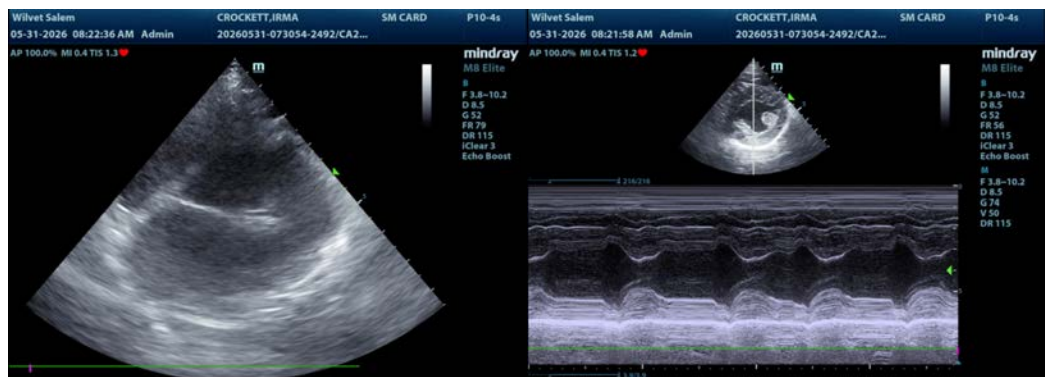
No special considerations are necessary.

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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com