



DATE PRESENTING CLINICAL SIGNS

5/5/26

History: 2/6 systolic murmur, PMI L apex. Duration for at least 1 year with no previous echocardiogram. Dog is asymptomatic but speculate murmur may have worsened to a 3/6 at times. Pet also has bladder stones and chronic allergies.

PATIENT

Harper Haggerty-Tomita

Pertinent abnormal PE/Chem/CBC/UA Results: Labwork attached.

Current medications: ANIMAX OINTMENT 15ML 4/22/2026, Hill's Prescription Diet Dog c/d Multicare Dry 3/10/2026, Hill's Prescription Diet Dog c/d Multicare Canned 3/10/2026 HEARTGARD Plus Dog Chews Green 26-50lbs 6 pack 12/16/2025, NEO POLY DEX OPHTHALMIC 10/10/2025.

SPECIES

Canine

Blood Pressure: N/A.

Sedation used: Not required to complete full diagnostic ultrasound.

Pertinent previous ultrasound results: No previous.

STAT: Not requested.

Imaging performed by: Andi Parkinson, BS, RDMS.

BREED

Pug Mix

SEX

Spayed female

AGE

11/2/13

WEIGHT

27.6 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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 moderate 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.

HOSPITAL NAME

Everhart VH Cross Keys

REFERRING VET

Dr. Notarangelo

INVOICE

75181

CANINE CARDIAC PARAMETERS	Body Weight kg	HR BPM	LAD 4 ch Long	RAD 4 ch Long	La/Ao Heart Base	LVIDd	LVIDs
NORMAL PARAMETER		50-100			<1.6		
PATIENT	12.55 kg	NM	3.58	2.37	1.0	2.48	1.6
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	0.3	0.8	0.9	None	None	32

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.

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:

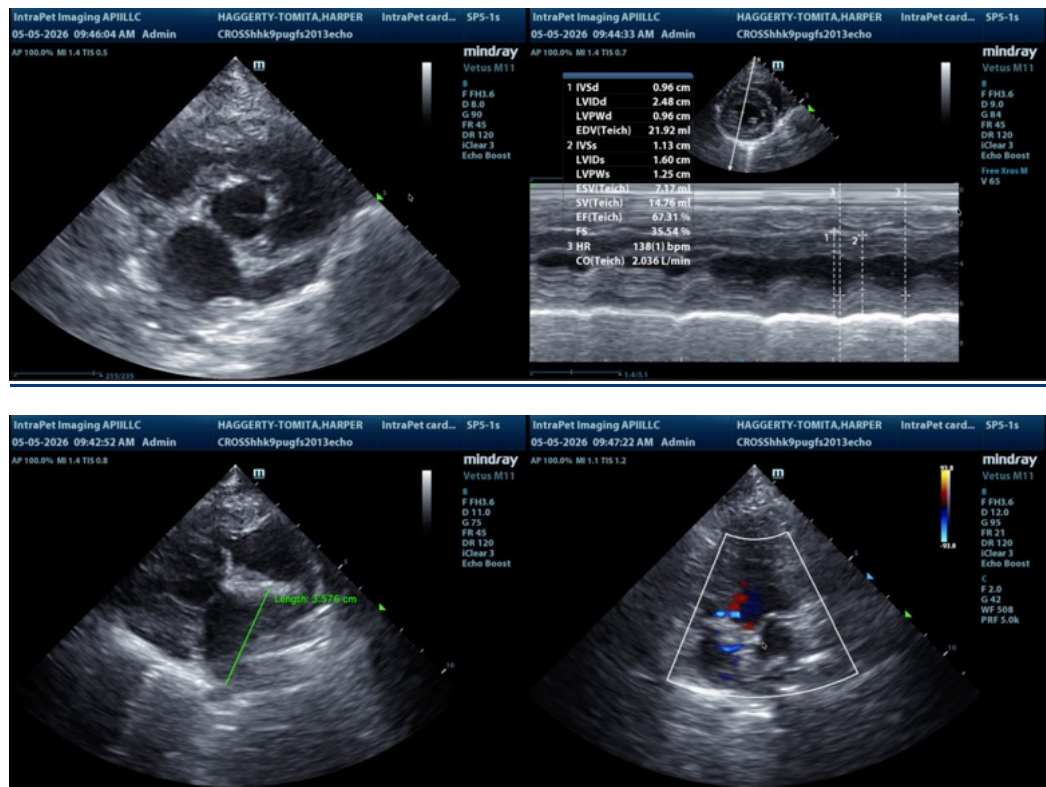
No special considerations are necessary.

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.



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