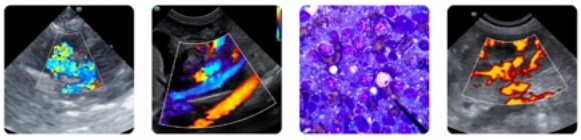


DATE

5/5/26

PATIENT

Sophie Coco Chanel Vandergriff

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

12/17/17

WEIGHT

9.85 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Heydt

INVOICE

75180

PRESENTING CLINICAL SIGNS

History: P presented on 4/29/26 for second opinion of a heart murmur. On examination, p was BAR, EENT – tearing right eye; oral - moderate-severe tartar and gingivitis present; MM- pink,moist CRT
Pertinent abnormal PE/Chem/CBC/UA Results: Radiographs attached, reported as: Cardiac silhouette appears normal. No evidence of pulmonary edema. No organomegaly or masses noted in abdomen.
Current medications: None.
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: Stephanie Warga RDCS, RVT.

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 continuous flow documented at the level of the pulmonary artery that is high velocity, consistent with a potential left to right shunt. 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.

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	4.48 kg	140	2.44	1.68	1.25	2.41	1.28
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	NM	0.8	0.7	6.5	3.1	44

ULTRASONOGRAPHIC FINDINGS

These findings are consistent with degenerative/myxomatous mitral valve disease with minimal to mild hemodynamic effects consistent with ACVIM Stage B1 disease. The abnormalities noted at the pulmonary artery may represent an under assessed pulmonic stenosis (given the degree of pulmonic insufficiency), however there appears to be several color doppler loops with continuous flow that would suggest a patent ductus arteriosus. The vessel itself is not visualized on this study. The spectral doppler within the PA also suggests continuous high velocity flow consistent with a PDA. Regardless, the lack of significant chamber dilation makes the abnormality of unlikely hemodynamic significance, especially given the patient's age.

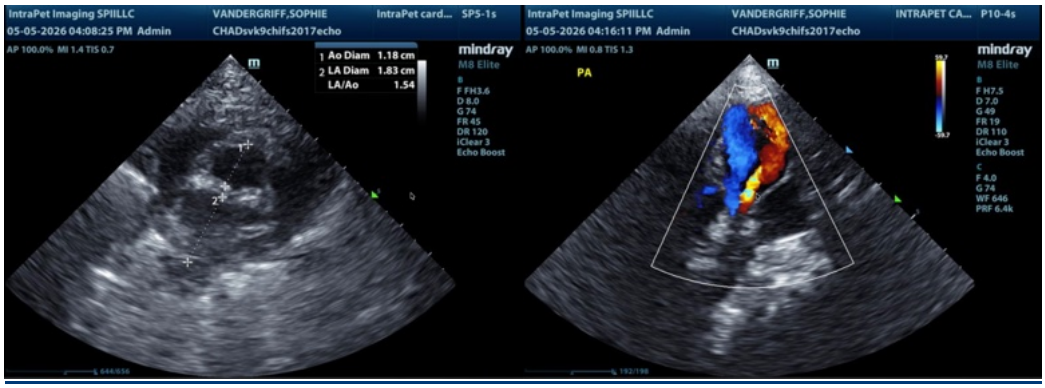
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

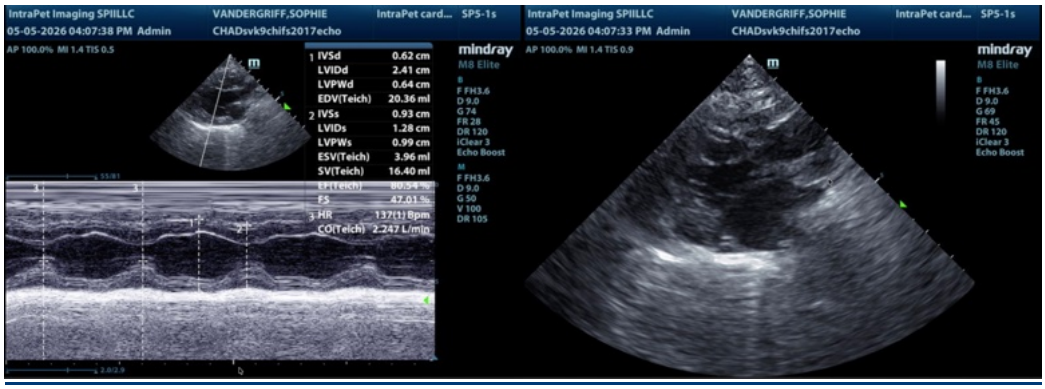
Given these findings, no cardiac therapy is recommended. There are no cardiac contraindications to anesthesia, fluid therapy, vasopressor therapy, or corticosteroids as indicated for further assessment and treatment. If further therapy for the potential PDA is desired, a repeat echocardiogram by a cardiologist is recommended. Otherwise, a recheck echocardiogram is recommended in 6 months.

Anesthesia considerations:
If anesthesia is necessary, alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a conservative rate (e.g., 5 ml/kg/hour) if possible.

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:
No special considerations are necessary.

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VANDERGRIFF,SOPHIE
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AP 100.0% MI 1.4 TIS 0.5
1 IVSd 0.62 cm
LVIDd 2.41 cm
LVPWd 0.64 cm
EDV(Teich) 20.36 ml
2 IVSs 0.93 cm
LVIDs 1.28 cm
LVPWs 0.99 cm
ESV(Teich) 3.96 ml
SV(Teich) 16.40 ml
FS 47.01 %
3 HR 137(1) Bpm
CO(Teich) 2.247 L/min
mindray
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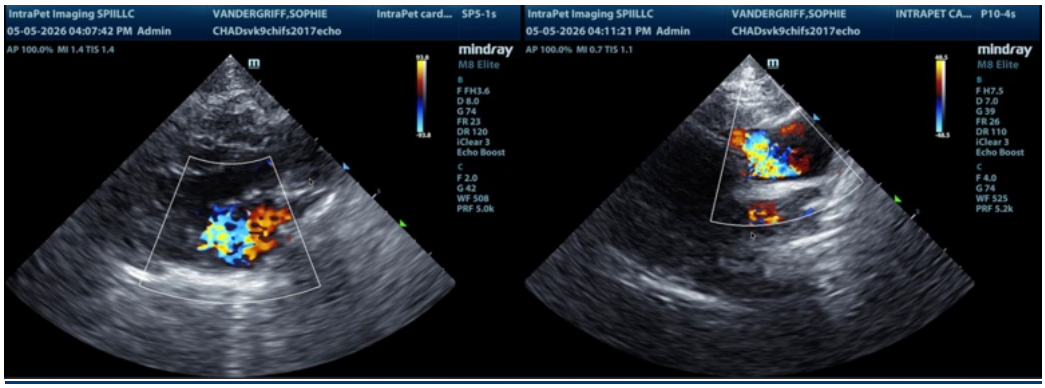
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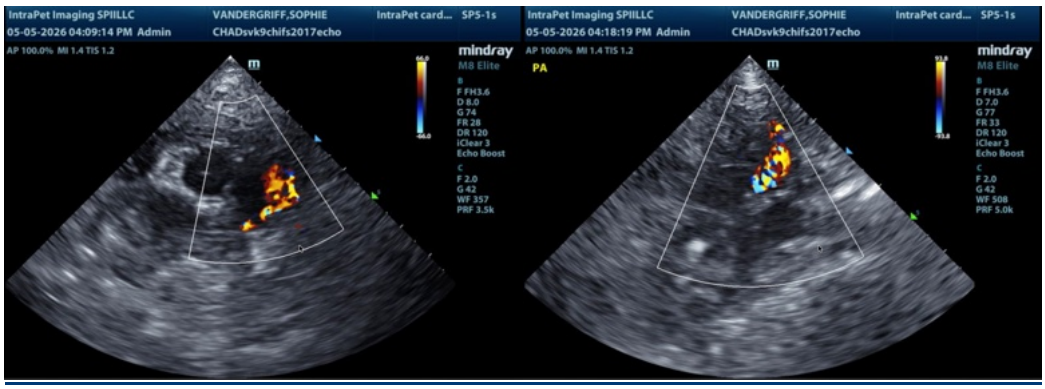
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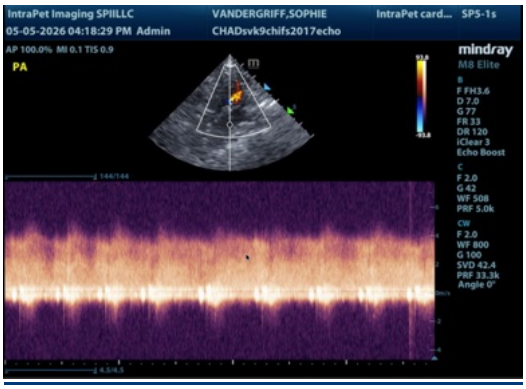

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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