**DATE**

5-7-26

PRESENTING CLINICAL SIGNS**PATIENT**

Oliver Griggs

CLINICAL BACKGROUND & STUDY DETAILS

History: Due for annual, needs to scheduled AUS/Echo for yearly recommended check.

SPECIES

Canine

Pertinent abnormal PE/Chem/CBC/UA Results: Labwork attached, reported as: CBC* WNL *Chemistry* ALT 175 (was 142), ALP 735 (was 438), Calcium 12.6 (was 8.9), Cholesterol 538 (was 440), Triglycerides 294, very mildly elevated (was 201). PSL mildly elevated at 170 (was 115). T4 2.1 WNL *Urinalysis* USG 1.019, pH 7.0, protein negative, sediment benign. DT: 03-11-26 at 8:37a: CBC WNL. CHM shows elevated and mildly increasing ALT (175 was 142) and ALP (735 was 438) as well as mildly incr chol (538)

BREED

Multi Poo

Current medications: None listed.
 Blood Pressure: N/A.
 Sedation used: Not required to complete full diagnostic ultrasound.
 Pertinent previous ultrasound results: 5/9/25. See attached.
 STAT: Not requested.
 Imaging performed by: Stephanie Warga RDCS, RVT.

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE HEART**AGE**

10/14/2011

WEIGHT

12.2lbs

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	5.55	NM	2.39	1.45	1.22	2.09	1.10
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	0.6	1.1	5.9	NM	37

INTERPRETED BY
 Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)
HOSPITAL NAME
 Docside Veterinary
 Medical Center
REFERRING VET

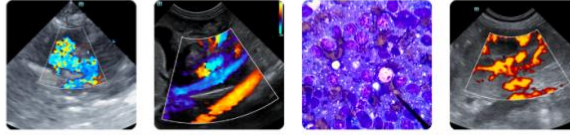
Dr. Tierney

INVOICE

22987

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 thickened and redundant consistent with myxomatous changes, and there is no significant prolapse. There is mild mitral regurgitation identified. The tricuspid valve leaflets are minimally thickened, with trivial 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.



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ULTRASONOGRAPHIC FINDINGS

These findings are consistent with degenerative/myxomatous mitral valve disease with minimal to mild hemodynamic effects consistent with ACVIM Stage B1 disease. There is no significant progression since the previous study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 not already performed, baseline thoracic radiographs and blood pressure are recommended. A recheck echocardiogram is recommended in 6 months.

Anesthesia considerations:

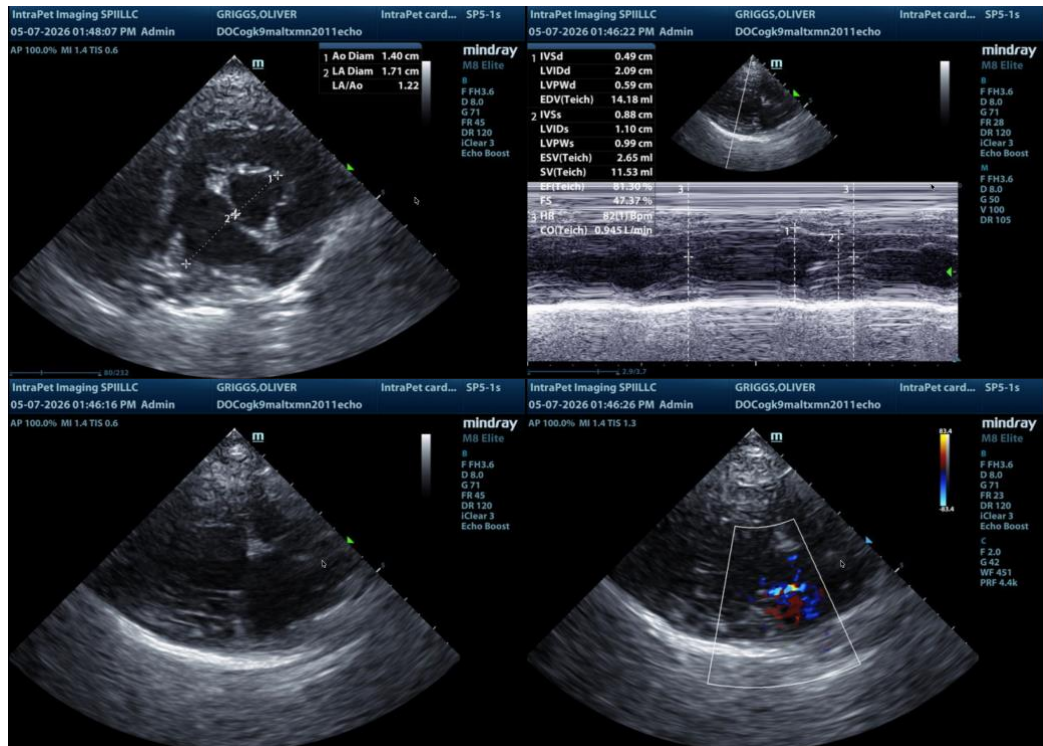
If anesthesia is necessary, alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a conservative rate (e.g., 5 ml/kg/hour) if possible.

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.

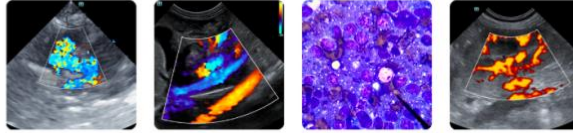
Activity:

No special considerations are necessary.



The information and recommendations provided are based on the images presented by the referring

Imaging
performed by



Clinical Sonography & Telectology
Educational Teleconsultation Services™

SonoPath

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DATE

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veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

PATIENT

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.

Oliver Griggs

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)
info@SonoPath.com

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