

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Violet Smith
SPECIES Canine
BREED Border Collie
SEX FS
AGE 13yr
WEIGHT 25.4kg
INTERPRETED BY Bradley Harris, DVM, DACVECC, DACVIM (cardiology)
IMAGING PERFORMED BY Kelly Reschny
HOSPITAL NAME BPH Ancaster
REFERRING VET David-Steele
INVOICE 24738
DATE 05/07/2026

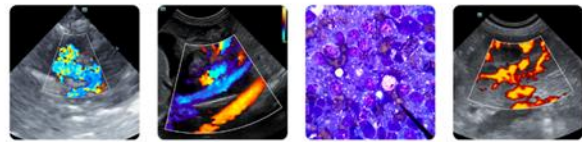
PRESENTING CLINICAL SIGNS
 PD, PU, and stranguria
 Abdominal: The patient was very tense on abdominal palpation, making a full assessment difficult. Palpation of the cranial abdomen in the region of the bladder elicited a painful response (grumbling). A firm mass, approximately 2.5 inches in diameter, was palpated on the right side of the abdomen.
 Urogenital: Discomfort was noted on palpation of the bladder.
 New heart murmur (Grade 2/6) -The rhythm was regular with no arrhythmias detected. Pulses were assessed as good and strong. The HR was noted to be approximately 50 BPM
 Current Medications
 Aventi Kidney; Credelio Plus; Thyro Tabs
 Abnormal PE/Chem/CBC/UA Results: u/a - confirmed uti - rods, rbc, wbc's; proteinuria; elevated creatinine labs attached.

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	25.4	100	3.47	2.58	1.07	3.65	2.44
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	33	0.2	0.8	1.1	--	--	--

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



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venous congestion is noted. The cardiac chambers, pericardial and visible extra-cardiac regions were free of masses, spontaneous echo contrast, or thrombi.

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

Interpretation:

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.

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:

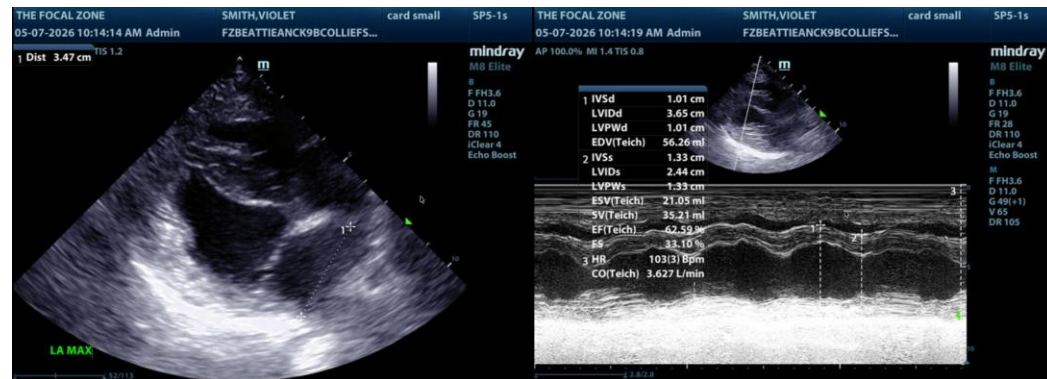
No special considerations are necessary.

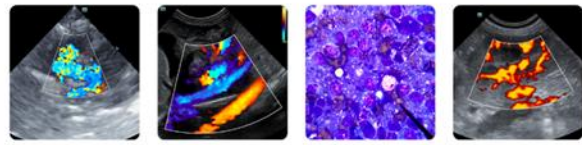
Diet:

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.





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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.

SPECIES

Canine

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.

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