

**PATIENT**

Bob Carver

**SPECIES**

Canine

**BREED**

Goldendoodle

**SEX**

Neutered male

**AGE**

7 years

**WEIGHT**

55 lbs

**INTERPRETED BY**

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

Donner Truckee VH

**REFERRING VET**

Dr. Vannini

**INVOICE**

78310

**DATE**

6/3/26

**PRESENTING CLINICAL SIGNS**

History: Patient presented today for panting, owner reports he has been panting for longer after playing over the past few months.

Differential Diagnosis  
Cardio Pulmonary Disease? Other?

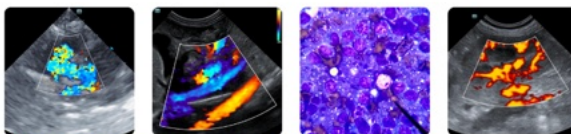
Findings Six radiographs of the thorax and abdomen are reviewed. There is cardiomegaly (VHS ~11.9) with primarily right heart enlargement. The pulmonary vessels are normal. The pulmonary parenchyma is normal with no focal pulmonary nodules or infiltrates. The pulmonary parenchyma has a mild bronchointerstitial pattern but no focal pulmonary nodules or infiltrates are seen. The mediastinal and pleural structures are within normal limits. The skeletal structures are within normal limits. A microchip is located dorsal to the thorax. The liver and spleen are within normal limits. The kidneys and bladder are within normal limits. There is ingesta in the stomach. The small intestines are normal diameter.

There is gas in the cecum. Gas and feces are present in the colon. There is a subcutaneous nodule caudal to the left caudal body wall superimposed over the caudal abdomen near the urinary bladder. Assessment There is cardiomegaly with likely right heart enlargement. Cardiomyopathy or pulmonary hypertension could be present but no arterial distention is identified on these images. If a murmur or arrhythmia is present, an echocardiogram is suggested for further assessment. The abdomen appears within normal limits.

**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 trace mitral regurgitation identified. The tricuspid valve leaflets are appropriately thin with adequate apposition, intact chordae, trace 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. There is a hypoechoic mass lesion noted on the right atrial appendage that does not appear to be invading into cardiac structures at this time.

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	25 kg	100	4.03	2.36	1.02	3.86	2.51
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	0.5	1.0	2.0	NM	2.5	32

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**ECG:**

A six-lead ECG at a paper speed of 50mm/s, 10mm/mV is available for review. The average heart rate is approximately 100bpm, with a normal mean electrical axis. The QRS complexes are sinus in origin, with appropriate P-Q intervals. There are irregular R-R intervals, consistent with respiratory variation. There is no evidence of atrial or ventricular ectopy, nor any atrioventricular block. The underlying rhythm is most consistent with a respiratory sinus arrhythmia (normal physiologic change).

**ULTRASONOGRAPHIC FINDINGS**

These findings are consistent with degenerative/myxomatous mitral valve disease with minimal to mild hemodynamic effects consistent with ACVIM Stage B1 disease. No significant right heart dilation is identified on this study. The mass lesion at the right atrial appendage is likely incidental in nature (not contributing to current morbidity). However, given its location and the patient's breed, a hemangiosarcoma is of concern.

**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. Consider a thoracic CT with angiography to further evaluate the lesion, as well as consultation with a veterinary oncologist. Alternatively, serial monitoring of the lesion is reasonable, given the absence of pericardial effusion, or more overt clinical signs. 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.

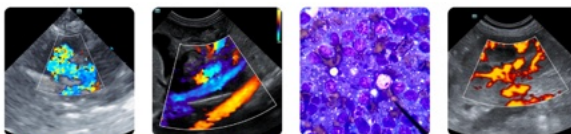
**Diet:**

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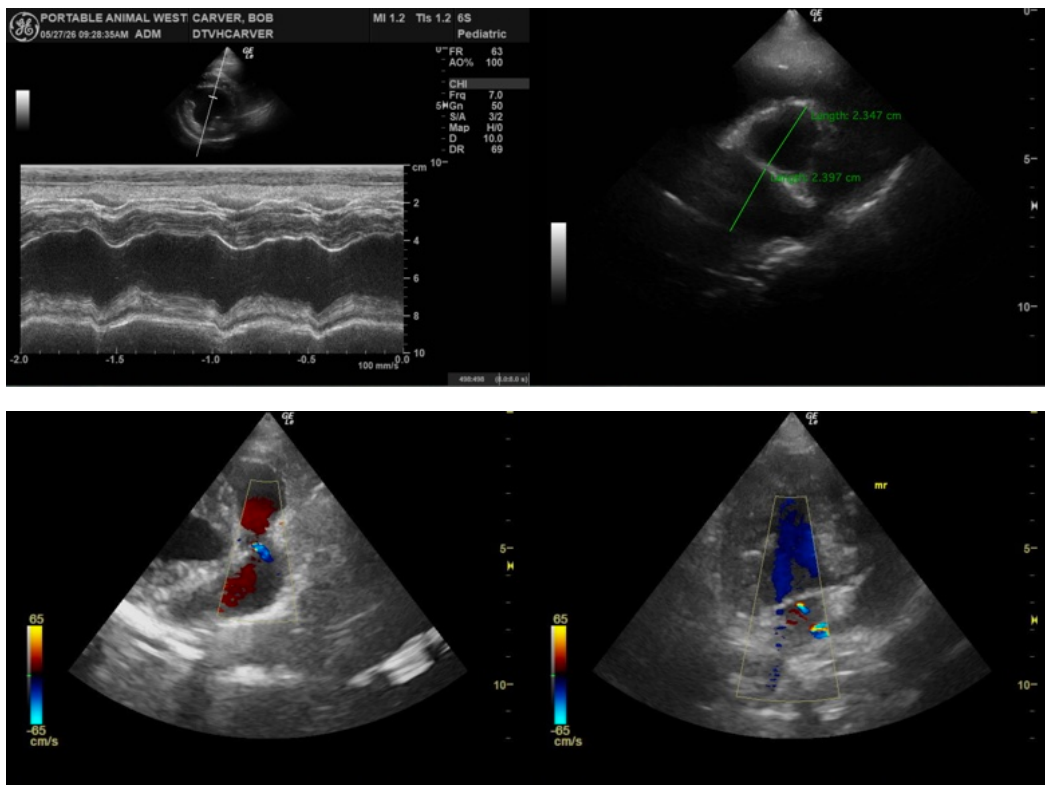
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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