



PATIENT

Teddy Noland

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Intact male

AGE

1 year

WEIGHT

6 lbs

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Michlanski

INVOICE

69968

DATE

1/9/26

PRESENTING CLINICAL SIGNS

History: P presented October 22, 2025 for neuter with deciduous teeth extractions. Pre-surgical ECG was abnormal, so surgery was not pursued. Medial luxation of patellas. No other health concerns. WBC 21.2, neutrophils 15,476, monocytes 1,484, no heart murmur auscultated.

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 subjectively normal in dimension and systolic function. The anterior and posterior mitral and tricuspid valve leaflets presented normal linear structure, extension in systole, and union in diastole without regurgitation, prolapse, or myxomatous changes noted. The left ventricular outflow tract demonstrated minimally turbulent flow and the visible aorta is unremarkable. The right ventricular outflow tract assessment revealed mild turbulent flow, with appropriate diameter and distensibility. There is a possible small restrictive defect in the intraventricular septum, however this is equivocal and may simply represent turbulence in the outflow tracts. There is no evidence of semilunar valve insufficiency. There is no visible pericardial, pleural, or free peritoneal fluid 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	2.73 kg	120	1.95	1.8	1.28	2.02	0.95
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	53	0.1	1.2	1.3	None	None	52

ECG:

There is a six-lead ECG with moderate baseline artifact available for review. The underlying rhythm is displays slight R-R irregularity consistent with likely respiratory variation at an average rate of 120bpm. A left mean electrical axi deviation is noted. The rhythm appears to be sinus in origin with narrow QRS complexes (<70ms). There is no atrial or ventricular ectopy and no conduction delay or block identified. This is most consistent with a respiratory sinus arrhythmia.

ULTRASONOGRAPHIC FINDINGS

These findings are consistent with an essentially normal echocardiogram. The equivocal turbulence across the IVS in the juxta-arterial region is considered likely to be artifact, especially in the absence of significant left sided dilation. Therefore, any murmur will be considered functional in origin. No cardiac



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cause of the morbidity is identified. Left axis deviations can be normal findings in dogs dependent on body/chest conformation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy is recommended at this time. There are no cardiac contraindications to fluid therapy or corticosteroid therapy, as indicated for further assessment and treatment. A recheck echocardiogram and ECG is recommended in 6 months to re-evaluate the outflow tracts and axis deviation.

Anesthesia considerations:

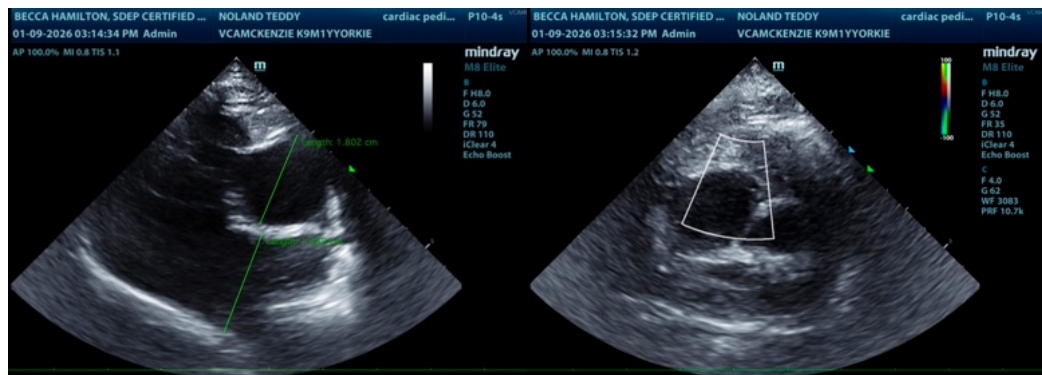
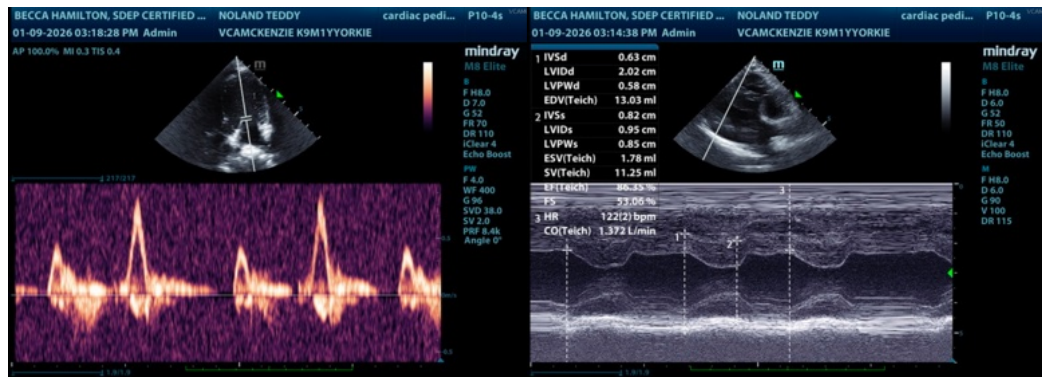
No special considerations are necessary.

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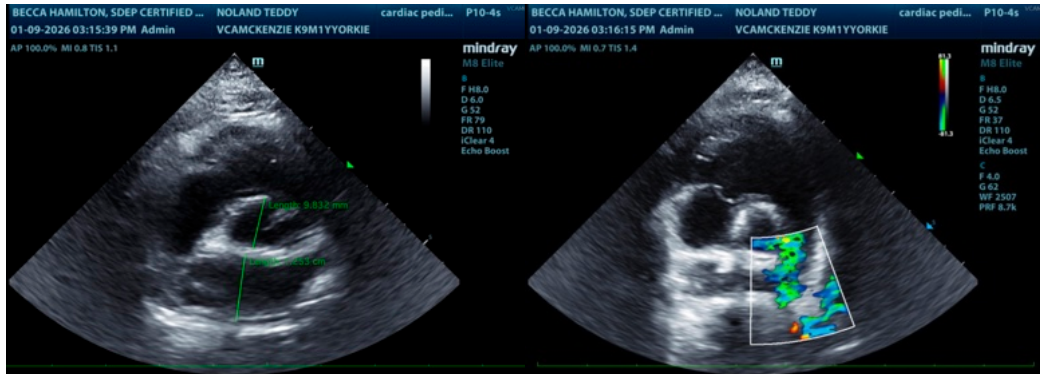
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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