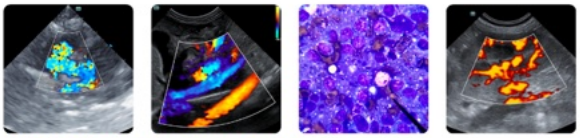

SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Lavender Ford

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed female

AGE

4 years

WEIGHT

16.18 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Echo Hollow VH

REFERRING VET

Dr. Thaden

INVOICE

71848

DATE

2/24/26

PRESENTING CLINICAL SIGNS

- CBC WNL, Chem WNL, T4 3.5 ug/dL WNL
- For ECHO Only: Blood Pressure Average 140/75 93 map/ 84 bpm
- HR/RR/BP: 140/1 min for HR, 40/1 min RR
- Grade II/VI heart murmur.
- Current Medications None
- Radiographic Findings VHS 11.5, R atrial enlargement, Cardiomegaly

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 minimally thickened and redundant consistent with myxomatous changes, and there is no significant prolapse. There is trivial 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, and appropriate diameter and 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.

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	7.35 kg	NM	2.81	1.89	1.46	2.57	1.45
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	44	0.3	1.0	1.6	4.0	NM	34

ECG:
A six-lead ECG 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, but a rare P wave does not conduct, consistent with atrioventricular block. The underlying rhythm is most consistent with a respiratory sinus arrhythmia (normal physiologic change) with a rare 2nd degree atrioventricular block.

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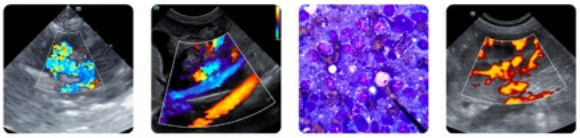

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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. It is unlikely that any current morbidity is of cardiac origin. Atrioventricular (AV) block is an abnormality affecting conduction from the atria to the ventricles. The block typically occurs at the level of the AV node or the bundle of His. The most common cause of higher-grade AV block in dogs is progressive fibrosis/degeneration of the AV node. Other causes include myocarditis, cardiac remodeling from valve disease, cardiomyopathy, ischemia, iatrogenic causes (beta-blockers, calcium channel blockers, digoxin, etc.), increased vagal tone, electrolyte abnormalities, and exposure to certain toxins or medications.

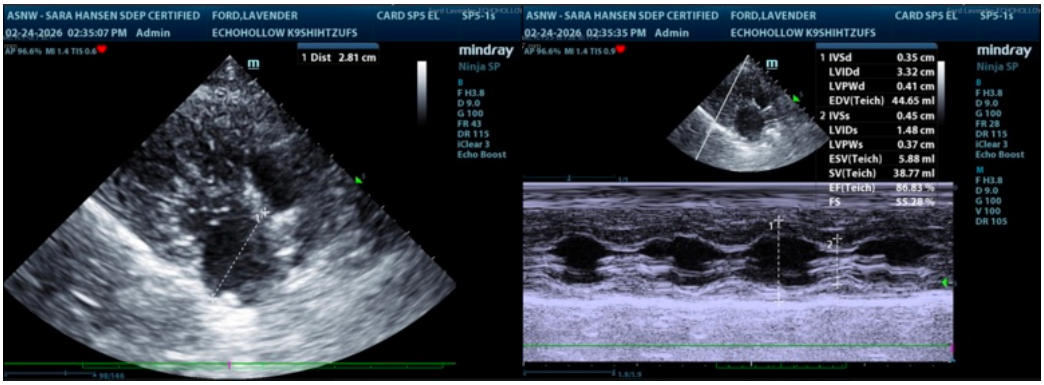
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy is recommended. Lower-grade AV block is often left untreated. Some more severe AV block can be addressed medically with theophylline or other medications. More severe manifestations require pacemaker placement. 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.



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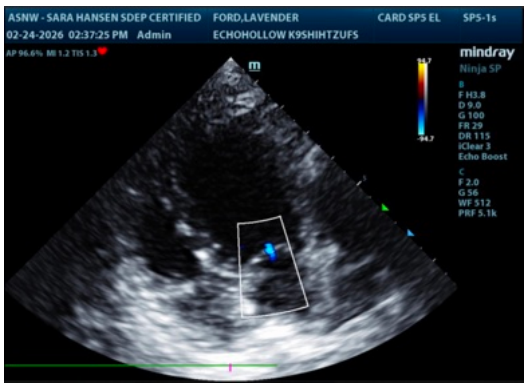

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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