

PATIENT

Pip Clements

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

9 years

WEIGHT

54.2 lbs

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Andrea Nicastro, DVM,
 DACVIM

HOSPITAL NAME

Waterway AH

REFERRING VET

Dr. McCalla

INVOICE

74797

DATE

4/24/26

PRESENTING CLINICAL SIGNS

History: Presented to ER on 4/18/26 for lethargy, dyspnea, swollen abdomen
 Tri-cavitary effusion seen

Pericardiocentesis performed - 30 ml of non-clotting blood removed; heart based and splenic nodules seen by sonographer at that time

Abnormal PE/Chem/CBC/UA Results: ALP - 234 ALP - 472 Creat 2.4 HCT - 63% WBC - 42,000 (neutrophilia, monocytosis) Rads: generalized cardiomegaly, peric effusion, mild pleural effusion, decreased serosal detail in abdomen

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 thickened and redundant consistent with myxomatous changes, 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 venous congestion is noted. The cardiac chambers, pericardial and visible extra-cardiac regions were free of masses, spontaneous echo contrast, or thrombi. No gross pulmonary pathology is identified on thoracic radiographs.

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	24.64 kg	140	3.39	3.03	1.0	3.95	3.1
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	22	0.4	0.8	1.8	NM	NM	43

ULTRASONOGRAPHIC FINDINGS

These findings are consistent with degenerative/myxomatous mitral valve disease with minimal to mild hemodynamic effects consistent with ACVIM Stage B1 disease. Given the history of significant pericardial effusion in the absence of significant structural cardiac disease, occult neoplasia or idiopathic pericarditis are considered most likely. The absence of pericardial effusion significantly



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decreases the sensitivity of echocardiography to identify small heart-based mass lesions. Alternatively, an exploratory thoracotomy with pericardiectomy would allow for visualization of the heart base, as well as histopathology of the pericardium. If idiopathic pericarditis is the underlying etiology; this may be curative.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy is recommended at this time. There are no cardiac contraindications to anesthesia, fluid therapy, vasopressor therapy, or corticosteroids as indicated for further assessment and treatment. A recheck echocardiogram is recommended in 6 months. If recurrence of the pericardial effusion occurs, a repeat echocardiogram prior to pericardiocentesis is ideal, although not always clinically possible.

Anesthesia considerations:

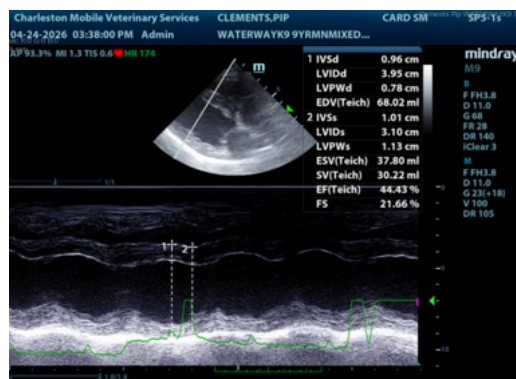
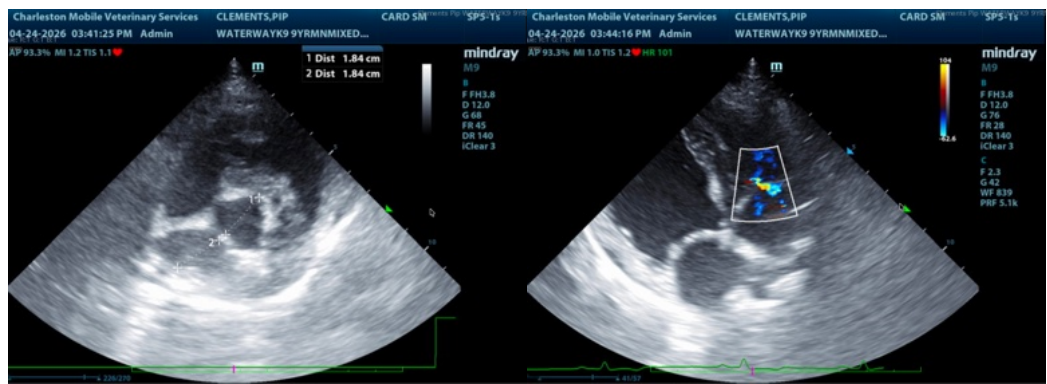
If anesthesia is necessary, alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a conservative rate (e.g., 5 ml/kg/hour) if possible.

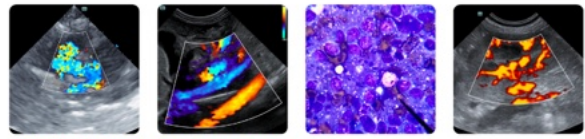
Diet:

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)

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