



**PATIENT**

Opal Tidal Paws

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Intact female

**AGE**

2 years

**WEIGHT**

40 lbs

**INTERPRETED BY**

Bradley Harris, DVM,  
 DACVECC, DACVIM  
 (cardiology)

**IMAGING PERFORMED BY**

Andrea Nicastro, DVM,  
 DACVIM

**PRESENTING CLINICAL SIGNS**

HW +, grade VI/VI murmur, asymptomatic

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

The left atrium is normal in dimension. The left ventricle is normal in dimension as well as systolic function. The right atrium and ventricle are subjectively enlarged in dimension, with adequate systolic function, and evidence of mild intraventricular septal flattening. The anterior and posterior mitral and tricuspid valve leaflets presented normal linear structure, extension in systole, and union in diastole with trace tricuspid regurgitation noted. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural valvular integrity with no aortic insufficiency. The visible aorta is unremarkable. Pulmonary outflow tract assessment revealed a narrowed valve orifice with thickened leaflets, turbulent flow, an increased main pulmonary artery dimension, and moderate pulmonic 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.

<b>CANINE CARDIAC PARAMETERS</b>	<b>Body Weight kg</b>	<b>HR BPM</b>	<b>LAD 4 ch Long</b>	<b>RAD 4 ch Long</b>	<b>La/Ao Heart Base</b>	<b>LVIDd</b>	<b>LVIDs</b>
<b>NORMAL PARAMETER</b>		50-100			<1.6		
<b>PATIENT</b>	18.18 kg	NM	3.16	3.39	1.1	2.65	1.42
<b>CANINE CARDIAC PARAMETERS</b>	<b>FS</b>	<b>EPSS</b>	<b>PV V MAX (m/s)</b>	<b>AV V Max (m/sec)</b>	<b>MR Vmax</b>	<b>TR Vmax</b>	<b>RPA distensibility (normal &gt;30%)</b>
<b>NORMAL PARAMETER</b>	28-40	<0.6	0.7-1.6	0.7-1.7	4.5-5.5	< 2.7	
<b>PATIENT</b>	46	0.4	5.0	1.6	NM	NM	NM

**ULTRASONOGRAPHIC FINDINGS**

These findings are consistent severe pulmonic stenosis, which is a likely explanation for the enlarged right side.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Cardiac therapy with atenolol (initial dose 1-2 mg/kg BID, higher doses may be needed especially as the patient grows) is recommended. Given the severity of disease, a referral to a cardiologist and the merits of a balloon valvuloplasty should be discussed with the owner. Otherwise, a repeat echo is recommended in another 6-12 months.

Anesthesia:

If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Skip any ACE-inhibitor (if receiving) on morning of anesthesia. Fluid therapy during anesthesia should be considered at a reduced rate (e.g., 5 ml/kg/hour) if possible. A shorter anesthetic duration will reduce the risk of complications. Pre-oxygenation is advised. Pre-medication with an opioid (i.e., butorphanol, hydromorphone, oxymorphone) with or without a benzodiazepine is generally

**HOSPITAL NAME**

Animal Hospital of  
 South Carolina

**REFERRING VET**

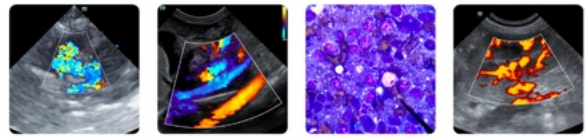
Dr. Stone

**INVOICE**

7800478005

**DATE**

5/27/26



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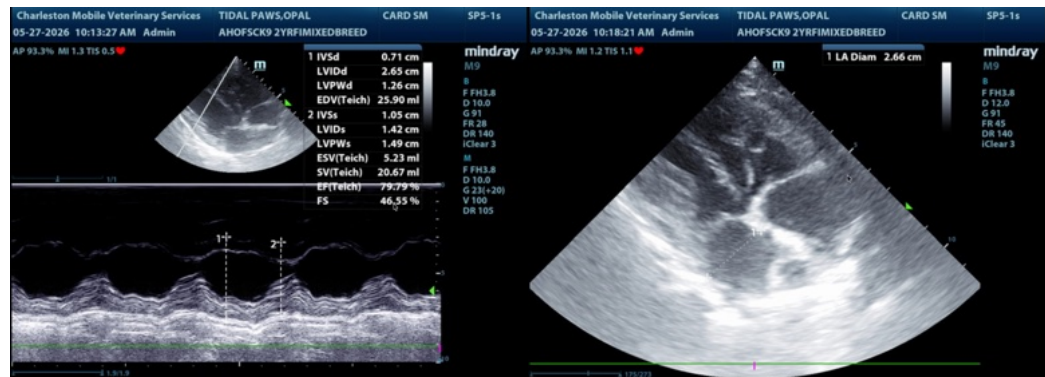
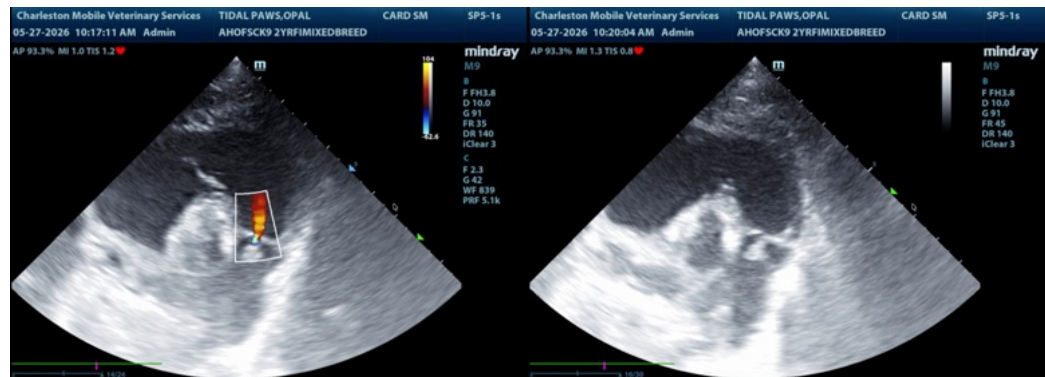
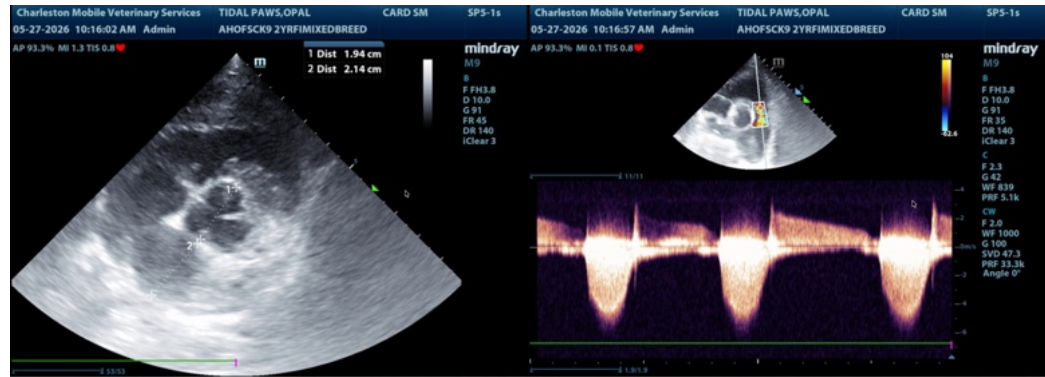
the safest protocol. An induction agent such as Propofol, alfaxalone, or diazepam/etomidate can be used to effect. Maintenance of anesthesia with isoflurane or sevoflurane is reasonable.

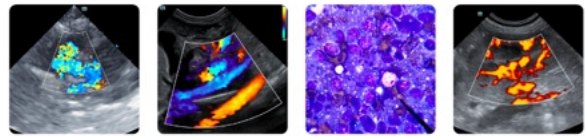
Diet:

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:

Avoid overly strenuous activity.





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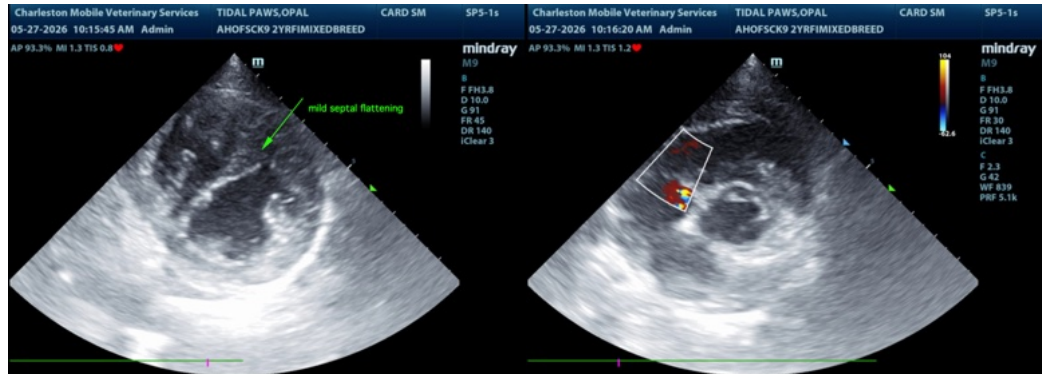
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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