



PATIENT

Cooper Roberts

SPECIES

Canine

BREED

Boxer

SEX

Neutered male

AGE

1 year

WEIGHT

52 lbs

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
 Lake Brandt

REFERRING VET

Dr. Wallace

INVOICE

69315

DATE

12/4/25

PRESENTING CLINICAL SIGNS

History: P presented for echo due to new murmur BP 164, 163, 165 P given Torb IM

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 are minimally thickened with trace regurgitation. There is no evidence of pulmonary hypertension. The left ventricular outflow tract demonstrated normal laminar flow with a slightly increased velocity consistent with a dynamic outflow tract obstruction. There is structural valvular integrity and the visible aorta is unremarkable. The right ventricular outflow tract assessment revealed normal laminar flow, and appropriate diameter and distensibility. 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	23.73 kg	90	3.97	2.42	1.38	3.22	1.41
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	56	0.4	1.0	2.0	NM	1.4	41

ECG:

A six-lead ECG with minimal baseline artifact is available for review. The average heart rate is approximately 90bpm, with a normal mean electrical axis. The QRS complexes are sinus in origin (<70ms), with appropriate P-Q intervals (80ms). There are irregular R-R intervals, consistent with respiratory variation. There is no evidence of atrial or ventricular ectopy, nor any atrioventricular block. T waves can be positive, negative or diphasic and but their polarity should not reverse in any lead. The underlying rhythm is most consistent with a respiratory sinus arrhythmia (normal physiologic change).

ULTRASONOGRAPHIC FINDINGS

These findings are consistent with an essentially normal echocardiogram. The murmur will be considered functional in origin (secondary to a left ventricular outflow tract). No cardiac cause of the morbidity is identified.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy is recommended. There are no cardiac contraindications to fluid therapy or corticosteroid therapy, as indicated for further assessment and treatment. No specific cardiac recheck is recommended unless a murmur or clinical signs of heart disease develop.

Anesthesia considerations:

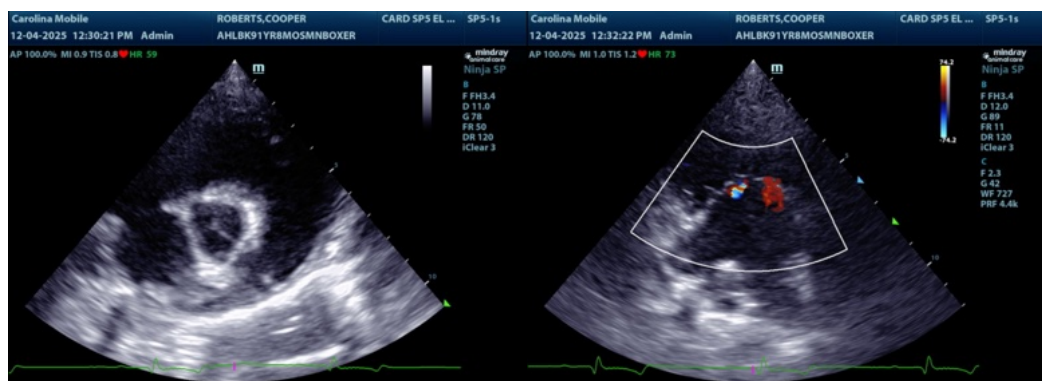
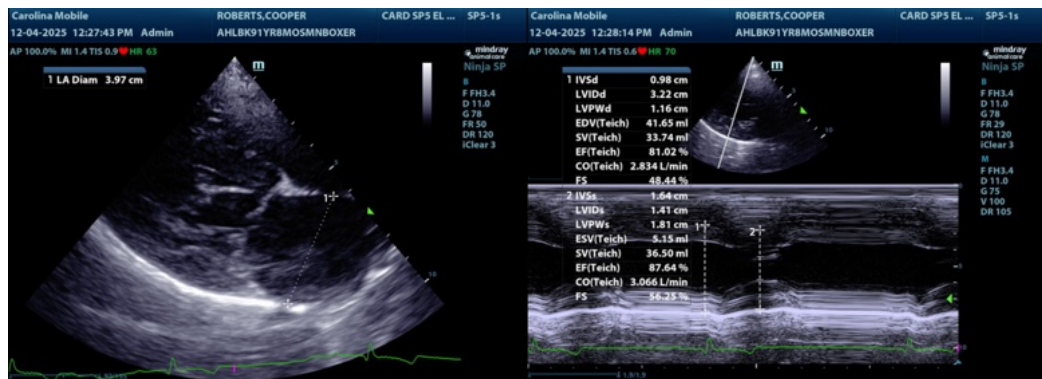
No special considerations are necessary.

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.



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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