



PATIENT

Harley Derocher

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

5 years

WEIGHT

56 lbs

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Armstrong AC

REFERRING VET

Dr. Dolan

INVOICE

71940

DATE

2/25/26

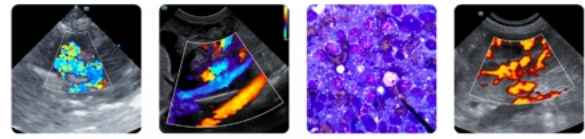
PRESENTING CLINICAL SIGNS

- P previously had as puppy 1/6 murmur worked up by cardiologist
- No obvious cause found
- Last echo performed 1/16/2022 by Upstate Veterinary Specialties
- Cardiac Auscultation at the time: Grade II dorsal, left, basilar, systolic ejection quality murmur. No gallop or click
- Summary of findings: "Her low intensity left basilar murmur is considered functional (innocent) and secondary to mildly increased outflow velocities through the aorta. The cause for the mildly elevated NT proBNP was not identified on this examination."
- The murmur was not heard for awhile and can now be heard again. rDVM rec recheck Echo
- Cardiopro BNP 1183 pmol/L

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 appropriately thin with adequate apposition, intact chordae, 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, with trivial 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 trivial 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. There is hyperechoic tissue at the heart base in the peri-aortic region, most consistent with the aortic fat pad, however, early or occult neoplasia cannot be definitively excluded.

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	25.45 kg	90	4.25	2.9	1.3	4.03	2.65
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	34	0.3	0.9	1.8	None	1.7	NM



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ULTRASONOGRAPHIC FINDINGS

- These findings are consistent with an essentially normal echocardiogram. The murmur will still be considered functional in origin. No cardiac cause of the morbidity is identified.

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:

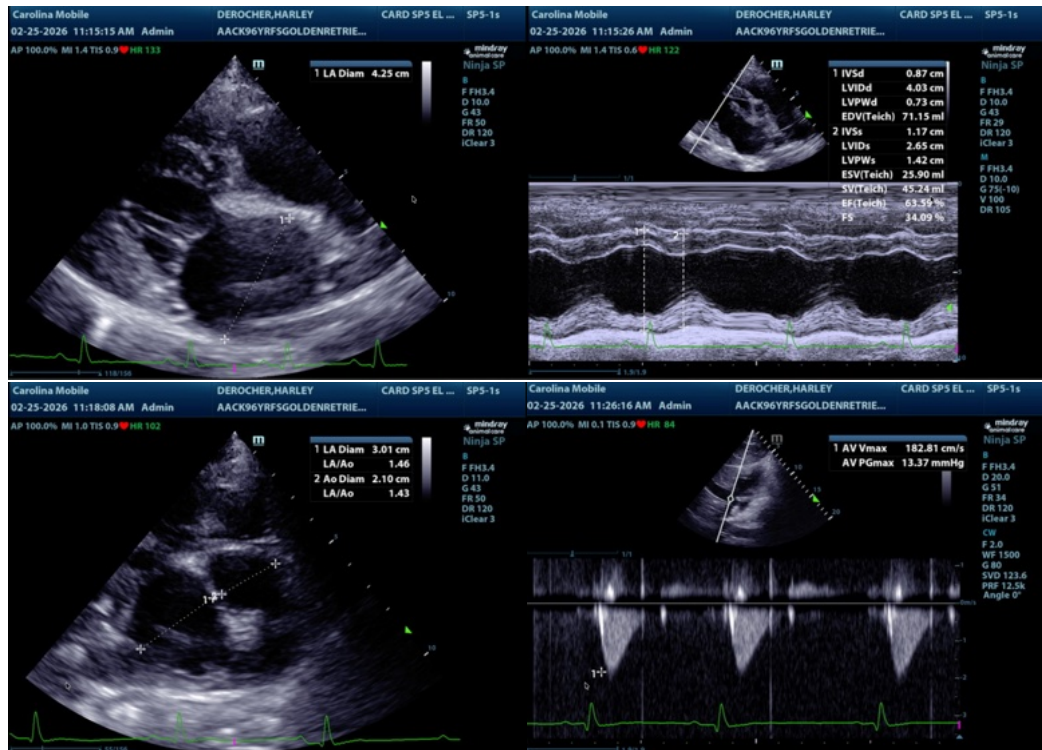
No special considerations are necessary.

Diet:

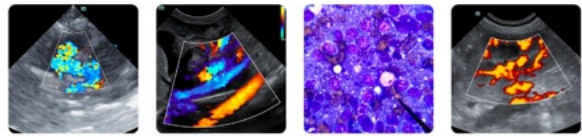
No special considerations are necessary. Any high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina is reasonable.

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.



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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.

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info@SonoPath.com