



**PATIENT**

Gus Lopinski

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

Intact male

**AGE**

9 months

**WEIGHT**

33.3 lbs

**INTERPRETED BY**

Bradley Harris, DVM,  
 DACVECC, DACVIM  
 (cardiology)

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

The Maples AH

**REFERRING VET**

Dr. Kazienko

**INVOICE**

71550

**DATE**

2/12/26

**PRESENTING CLINICAL SIGNS**

- Recently purchased PE 2/11/26 revealed Grade 5-6/6 heart murmur bilateral
- Stenotic nares, unilateral cryptorchid, chronic ear infection
- Previous vet clinic noted in Sept 2025 "Very strong heart murmur grade 3/6"

**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, trace tricuspid regurgitation and no evidence of pulmonary hypertension. The left ventricular outflow tract demonstrated turbulent flow with a possible tunnel lesion and narrowed outflow tract. 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 moderate 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	15.14 kg	140	2.86	2.33	1.42	3.02	1.58
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	48	0.2	1.3	5.0	None	None	NM

**ULTRASONOGRAPHIC FINDINGS**

These findings are consistent severe sub-valvular aortic stenosis. At this time, there is no overt left ventricular hypertrophy or chamber dilation identified.

**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 the disease, a re-evaluation by a cardiologist would be appropriate. Otherwise, a repeat echo with adequate sedation is recommended in another 3-6 months.



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**Anesthesia:**

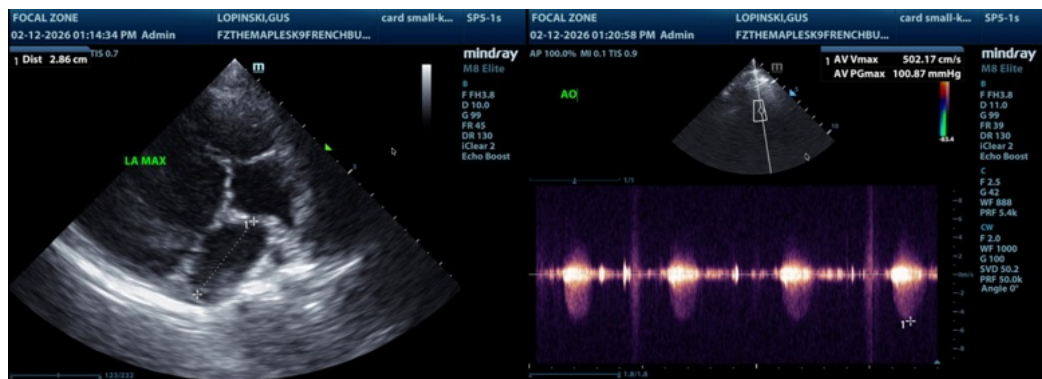
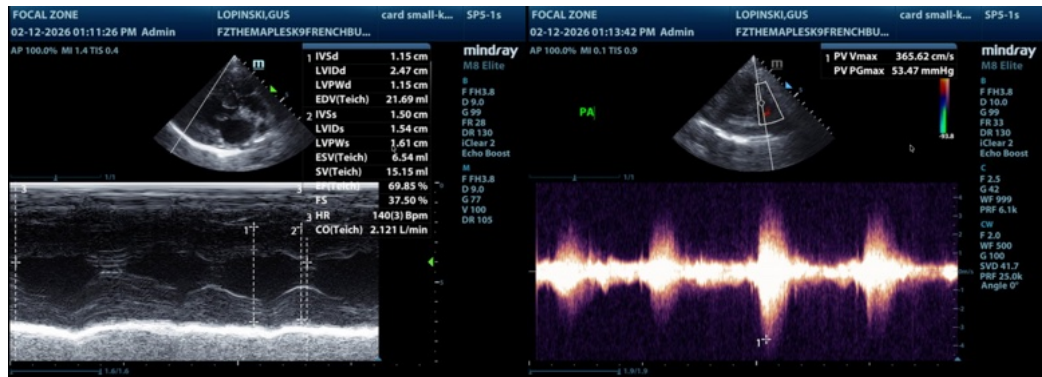
If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Skip any ACE-inhibitor (if receiving) on morning of anesthesia. Fluid therapy during anesthesia should be considered at a reduced rate (e.g., 5 ml/kg/hour) if possible. A shorter anesthetic 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 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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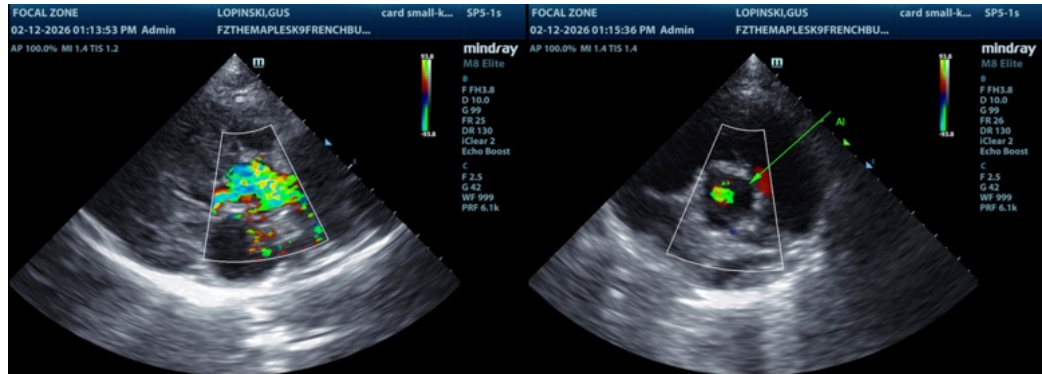
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

[info@SonoPath.com](mailto:info@SonoPath.com)