



PATIENT PRESENTING CLINICAL SIGNS

Squirt Krawec

SPECIES

Canine

BREED

Bull Terrier

SEX

Spayed female

AGE

12 years

WEIGHT

26.7 kg

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Joshua Creek AH

REFERRING VET

Dr. Zubaidy

INVOICE

73548

DATE

3/18/26

- Heart disease and syncope, no other information given
- Current Medications
- Zenrelia 8.5mg, Tobradex Ointment, Ratio-Atenolol 50mg, Apo Gabapentin 300mg, Fluoxetine 20mg
- Globulin 40 16-36 g/L HIGH Protein 3+ NEG HIGH Alkaline Phosphatase 710 5-131 U/L HIGH RBC 4-10 0-3 HPF HIGH BUN 19.8 2.1-11.1 mmol/L HIGH Creatinine 204 44-141 umol/L HIGH Neutrophils 12.17 79 2.06-10.60 109/L HIGH Monocytes 0.92 6 0-0.84 109/L HIGH

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, and there is no significant prolapse. There is mild mitral regurgitation identified. The tricuspid valve leaflets are appropriately thin with adequate apposition and intact chordae, with trivial tricuspid regurgitation and no evidence of pulmonary hypertension. The left ventricular outflow tract demonstrated turbulent flow with a narrowed aortic valve, but 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 mild to 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	29.7 kg	NM	4.67	NM	1.35	3.96	2.5
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	37	0.7	1.0	5.0	4.6	NM	29

ECG:

There is a six-lead ECG available for review. The underlying rhythm is regular at an average rate of 100bpm. The rhythm appears to be sinus in origin with narrow QRS complexes (<70ms). There is no atrial or ventricular ectopy and no conduction delay or block identified. This is most consistent with a normal sinus rhythm.



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ULTRASONOGRAPHIC FINDINGS

These findings are consistent with severe aortic stenosis and mild mitral valve dysplasia with minimal hemodynamic effects. However, if the mitral insufficiency is a new finding, a concurrent degenerative mitral valve disease with historic aortic stenosis is also possible. Regardless, there is no current hemodynamic effects from the condition.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continued therapy with atenolol (initial dose 1-2 mg/kg BID) is recommended. A repeat echo is recommended in another 6-12 months.

Anesthesia:

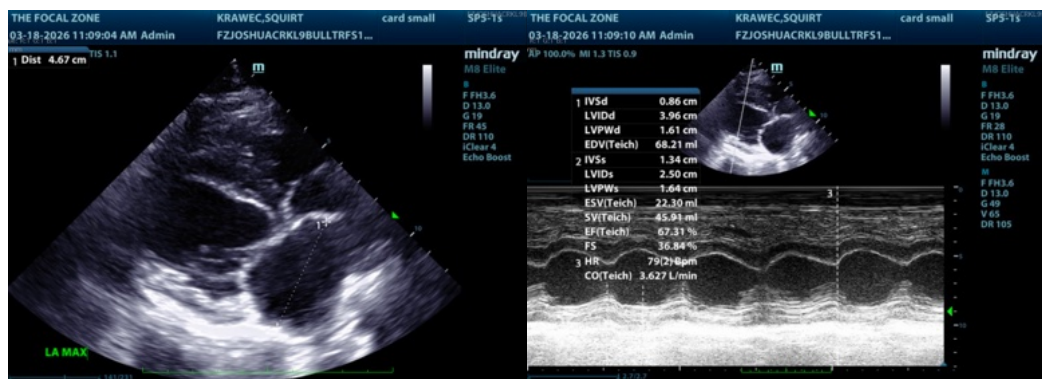
If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Skip any ACE-inhibitor (if receiving) on morning of anesthesia. Fluid therapy during anesthesia should be considered at a reduced rate (e.g., 5 ml/kg/hour) if possible. A shorter anesthetic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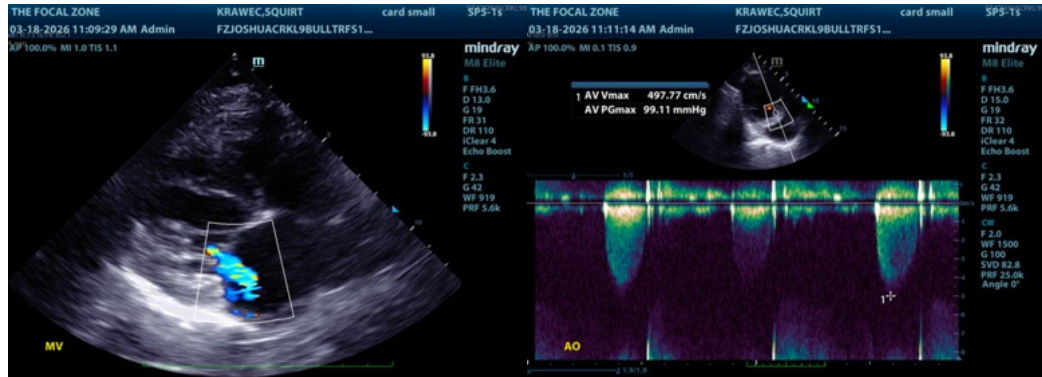
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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