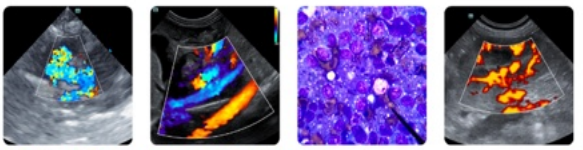




SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

**PATIENT**

Rory Hyrsko

**SPECIES**

Canine

**BREED**

Westie

**SEX**

Neutered male

**AGE**

14 years

**WEIGHT**

107 kg

**INTERPRETED BY**

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Bronte Village AH Canine

**REFERRING VET**

Dr. McGrath

**INVOICE**

74419

**DATE**

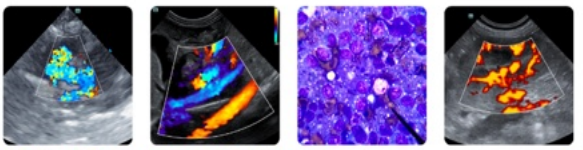
4/13/26

## PRESENTING CLINICAL SIGNS

Presenting Concerns: Worsening breathing, wheezing, and coughing.
Historical Conditions: Allergic bronchitis.
Drinking/Urination: Owner reports patient has always been a good water drinker; no excessive drinking noted.
V/D/C/S: Coughing daily, particularly in the morning. Wheezing, increased respiratory effort, and restlessness noted at home, worse at night. Respiratory rate at home reported as 34-42 breaths per minute. HR 110 RR panting, pulses strong and synchronous. A grade 2/6 systolic heart murmur was auscultated
Current Medications Doxycycline 100mg, Gabapentin, Trazodone, Prednisone 5mg, Flovent inhaler 125mcg
Wellness 1A done 4-7-2026: MCHC 319.1 Eosinophils 0.11 Platelets 539 ALT 167 ALP 579 Hemolysis + Radiographic Findings radiographs done 4-7-25: "Large globoid heart- peribronchial pattern noted, -collapsing trachea suspected at the base of the heart. Enlarged spleen? or lobe of liver noted- r/o prednisone use, right sided heart failure, Cushing's disease, mass effect, has been tested for ticks this year.", "Liver border enlarged?" labs and rads attached

## 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 consistent with myxomatous changes, and there is no significant prolapse. There is trivial mitral regurgitation identified. The tricuspid valve leaflets are minimally thickened, 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, with appropriate main pulmonary artery diameter and right pulmonary artery distensibility. There is no 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. On thoracic radiographs there is a generalized mild to moderate bronchointersititial pattern, and evidence for tracheal collapse at the level of the thoracic inlet.





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| 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 | 10.7 kg | Nm | 3.03 | 2.2 | 1.22 | 2.33 | 1.51 |
| **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 | 35 | 0.3 | 1.0 | 1.2 | NM | 1.5 | NM |

## ULTRASONOGRAPHIC FINDINGS

These findings are consistent with degenerative/myxomatous mitral valve disease with minimal to mild hemodynamic effects consistent with ACVIM Stage B1 disease. It is unlikely that any current morbidity is of cardiac origin.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy is recommended. There are no cardiac contraindications to anesthesia, fluid therapy, vasopressor therapy, or corticosteroids as indicated for further assessment and treatment. If not already performed, baseline thoracic radiographs and blood pressure are recommended. A recheck echocardiogram is recommended in 6 months.

Anesthesia considerations:
If anesthesia is necessary, alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a conservative rate (e.g., 5 ml/kg/hour) if possible.

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:
No special considerations are necessary.

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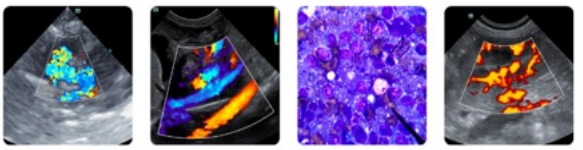

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Educational Teleconsultation Services™

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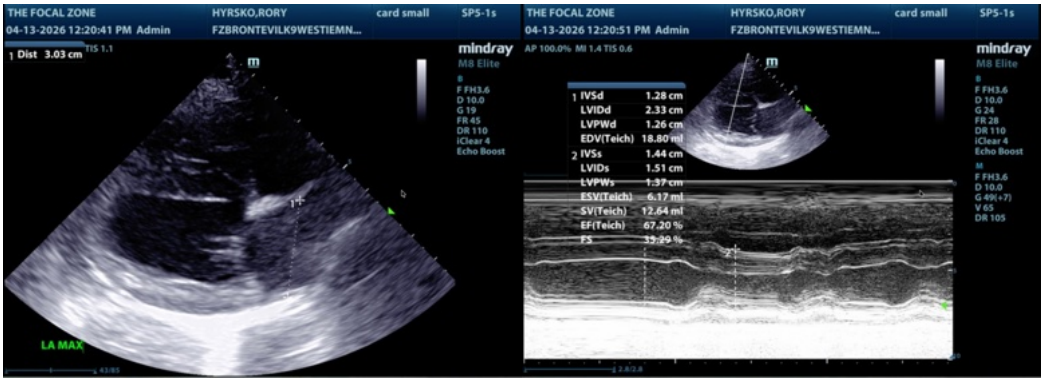


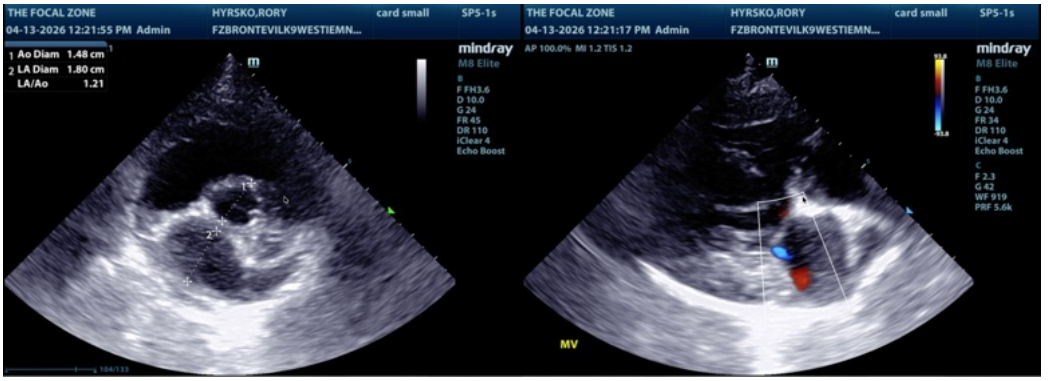


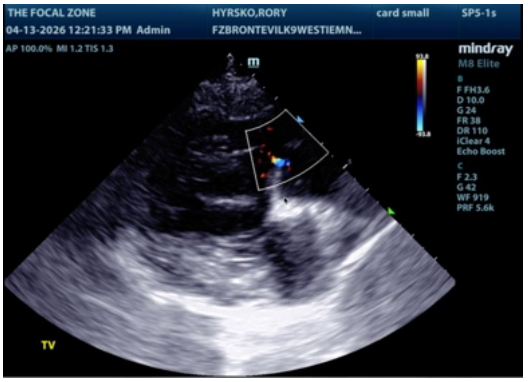


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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