

PATIENT

Mango Cibas

SPECIES

Canine

BREED

Frenchie

SEX

Neutered male

AGE

9 years

WEIGHT

9.5 kg

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr. Webster

INVOICE

74469

DATE

4/15/26

PRESENTING CLINICAL SIGNS

History: Diagnosed with a heart murmur, which was last evaluated via ultrasound approximately 2 years ago and diagnosed pulmonary stenosis with some R chamber changes.

Grade 3/6 systolic heart murmur auscultated on physical exam. Regular rhythm. Strong synchronous pulses.

No current clinical signs of cardiac disease.

Current Medications

Current Medications: Cytopoint, Topagen Spray, Bravecto Topical, Ketoconazole 50mg SID, Vanectyl P, Trazadone 50mg as needed for anxiety

Abnormal PE/Chem/CBC/UA Results: Echocardiogram performed on 04/15/2024 Pulmonic stenosis - mild pulmonic insufficiency - mild right-sided enlargement PS+PI

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is normal in dimension. The left ventricle is normal in dimension as well as systolic function. The right atrium and ventricle are subjectively mildly enlarged, with adequate systolic function, and no overt evidence of intraventricular septal flattening. The anterior and posterior mitral and tricuspid valve leaflets presented normal linear structure, extension in systole, and union in diastole without regurgitation, prolapse, or myxomatous changes noted. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural valvular integrity with no aortic insufficiency. The visible aorta is unremarkable. Pulmonary outflow tract assessment revealed a narrowed valve orifice with evidence of dysplasia, turbulent flow, an increased main pulmonary artery dimension, and mild to moderate pulmonic 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	9.5 kg	75	2.3	2.42	1.25	1.65	1.12
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	32	0.1	2.5	1.1	Not present	1.0	NM



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ULTRASONOGRAPHIC FINDINGS

These findings are consistent mild pulmonic stenosis, which, coupled with the patients age, is a likely explanation for the enlarged right side. There has not likely been any significant progression or change since the previous evaluation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patients age and the mild nature of the disease, no cardiac therapy is indicated at this time. A recheck evaluation is recommended in another year to evaluate for progressive right atrial/ventricular changes, or sooner if clinical signs of heart disease develop.

Anesthesia:

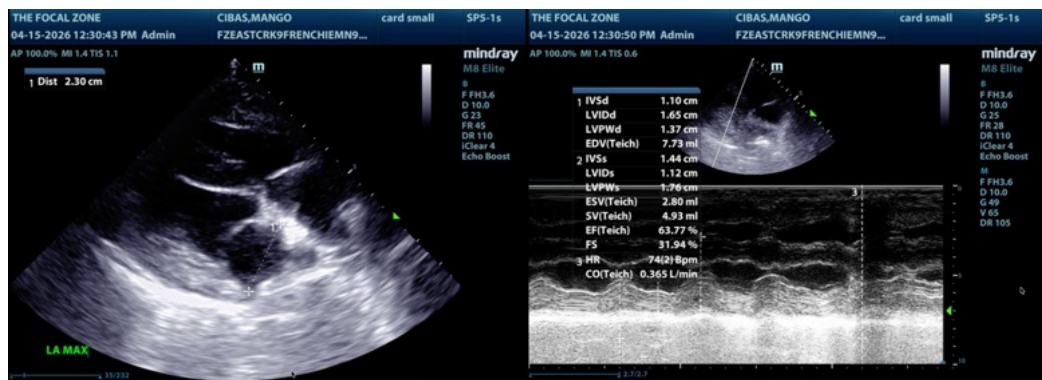
If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Skip any ACE-inhibitor (if receiving) on morning of anesthesia. Fluid therapy during anesthesia should be considered at a reduced rate (e.g., 5 ml/kg/hour) if possible. A shorter anesthetic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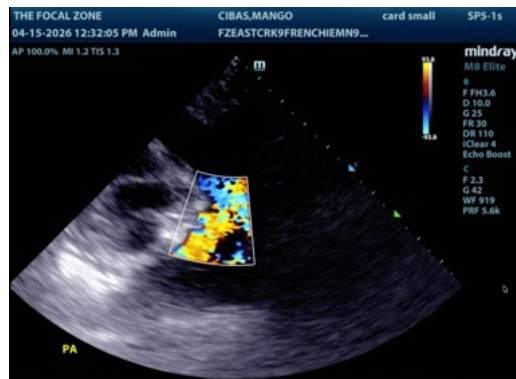
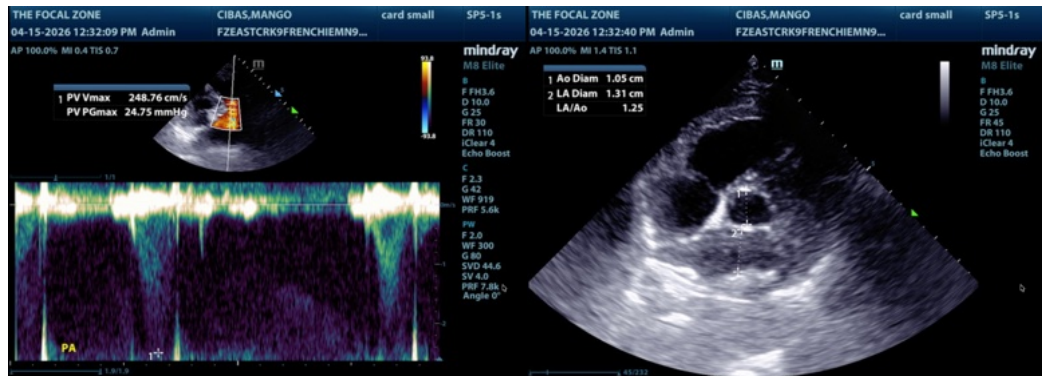
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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