



**PATIENT**

Turkey Sato Saved  
 Rescue

**SPECIES**

Canine

**BREED**

Bully Cross

**SEX**

Intact male

**AGE**

6 months

**WEIGHT**

17.8 kg

**INTERPRETED BY**

Bradley Harris, DVM,  
 DACVECC, DACVIM  
 (cardiology)

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Big Creek VH

**REFERRING VET**

Dr. Bilinsky

**INVOICE**

74684

**DATE**

4/21/26

**PRESENTING CLINICAL SIGNS**

History: Grade 4/6 systolic heart murmur. Not yet neutered. No meds currently. Safe for anesthesia? Should we be starting any heart meds?  
 Abnormal PE/Chem/CBC/UA Results: Please read attached ECG. CBC/Chem 10/Lytes all within normal limits other than K3.2 CI 105.

**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 mildly enlarged, with adequate systolic function, and evidence of mild intraventricular septal flattening. The anterior and posterior mitral and tricuspid valve leaflets presented normal linear structure, extension in systole, and union in diastole without prolapse, or myxomatous changes noted. There is trace tricuspid regurgitation. 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 concern for dysplasia, turbulent flow, an increased main pulmonary artery dimension, and mild 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	17.8 kg	220	3.15	2.6	1.13	2.57	1.03
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	60	0.2	3.3	1.4	None	1.5	NM

**ECG:**

There is a six-lead ECG at a paper speed of 25mm/s available for review. The underlying rhythm is regular at an average rate of 180bpm. 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 tachycardia.

**ULTRASONOGRAPHIC FINDINGS**



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These findings are consistent mild to moderate pulmonic stenosis, which is a likely explanation for the enlarged right side.

**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 disease, the merits of a balloon valvuloplasty should be discussed with the owner. If an intervention is being considered, a re-evaluation by a cardiologist would be appropriate. Otherwise, a repeat echo is recommended in another 6-12 months.

Anesthesia:

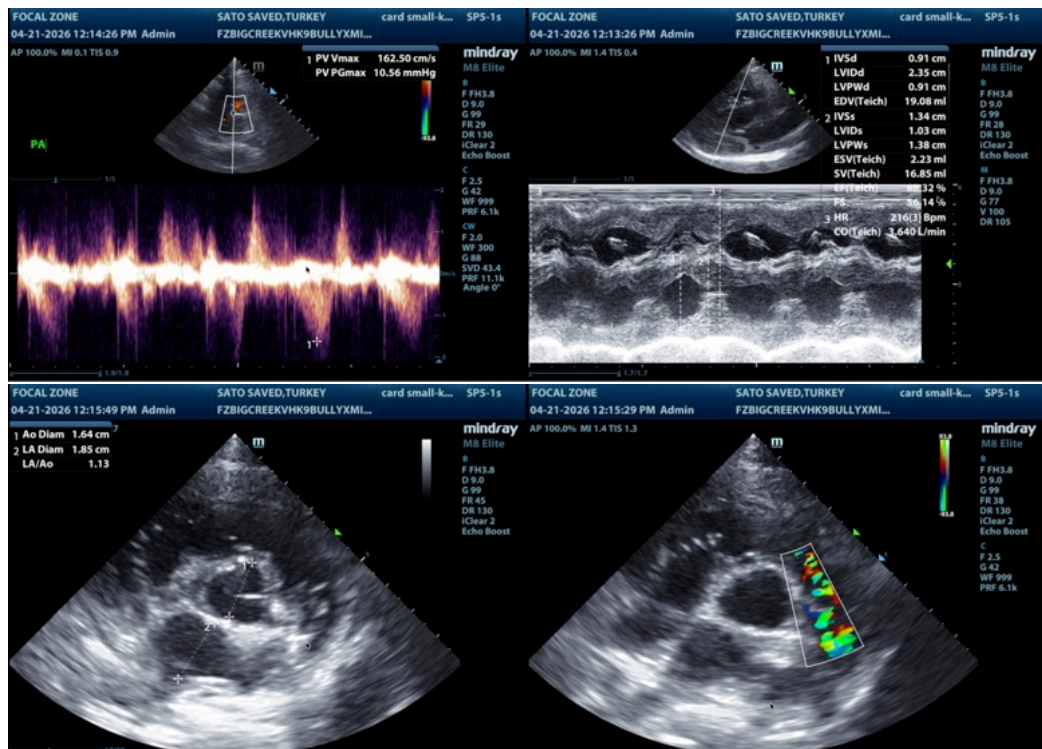
If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Skip any ACE-inhibitor (if receiving) on morning of anesthesia. Fluid therapy during anesthesia should be considered at a reduced rate (e.g., 5 ml/kg/hour) if possible. A shorter anesthetic 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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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)

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