



PATIENT PRESENTING CLINICAL SIGNS

Storm Broadhurst

History: Grade IV heart murmur
 Current Medications None

SPECIES

No recent BW Radiographic Findings No recent xrays Primary Question to Be Answered in This Exam is P a good anesthetic candidate ECG attached

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Terrier Cross

The left atrium is at the upper limits of normal to mildly enlarged. 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, with no significant prolapse identified. Mild mitral regurgitation is present. The tricuspid valve leaflets are minimally thickened with trivial tricuspid regurgitation and no evidence of pulmonary hypertension. The left ventricular outflow tract demonstrates normal laminar flow and the visible aorta is unremarkable. Right ventricular outflow tract assessment reveals normal laminar flow with appropriate main pulmonary artery diameter and right pulmonary artery distensibility. No pulmonic or aortic valve insufficiency is identified. There is no visible pericardial, pleural, or free peritoneal fluid. No evidence of hepatic venous congestion is noted. The cardiac chambers, pericardial structures, and visible extra-cardiac regions are free of masses, spontaneous echo contrast, or thrombi.

SEX

Spayed female

AGE

13 years

WEIGHT

7.9 kg

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Acton VC

REFERRING VET

Dr. Shah

INVOICE

74782

DATE

4/24/26

| 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 | 7.9 kg | NM | 3.23 | 2.13 | 1.47 | 2.51 | 1.71 |
| 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 | 0.3 | 0.7 | 1.4 | 5.1 | 1.4 | NM |

ECG:

A six-lead ECG at a paper speed of 25mm/s is available for review. The average heart rate is approximately 100bpm, with a normal mean electrical axis. The QRS complexes are sinus in origin (<70ms), with appropriate P-Q intervals. There are irregular R-R intervals, consistent with respiratory variation. There is no evidence of atrial or ventricular ectopy, nor any atrioventricular block. The underlying rhythm is most consistent with a respiratory sinus arrhythmia (normal physiologic change).



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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:

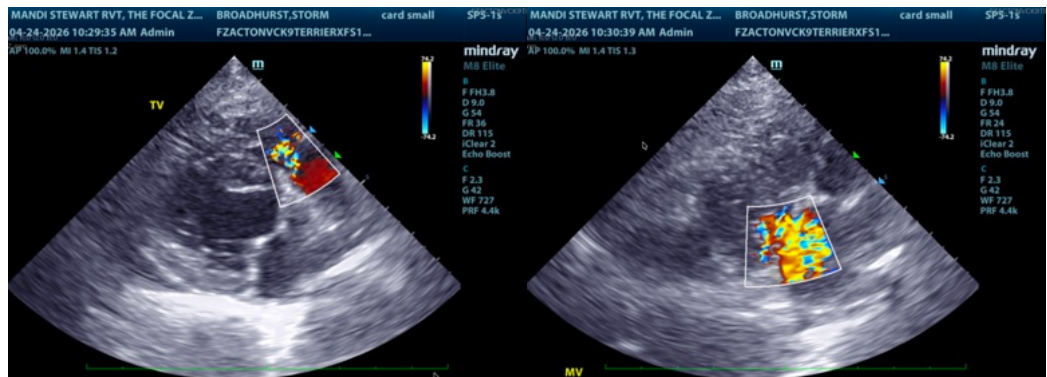
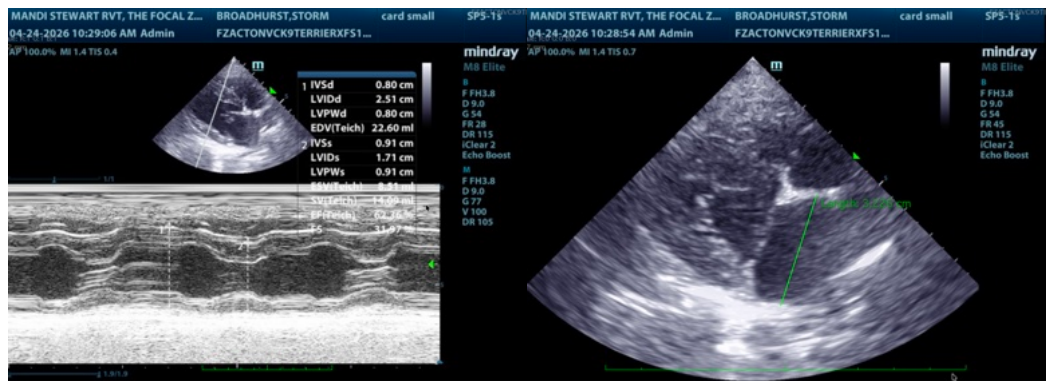
If anesthesia is necessary, alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a conservative rate (e.g., 5 ml/kg/hour) if possible.

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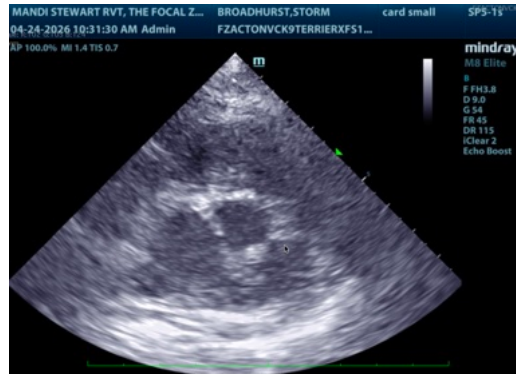
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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