



**PATIENT**

Cash Campbell

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Intact male

**AGE**

7 years

**WEIGHT**

43 kg

**INTERPRETED BY**

Bradley Harris, DVM,  
 DACVECC, DACVIM  
 (cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Lock One AH

**REFERRING VET**

Dr. Kamula

**INVOICE**

74340

**DATE**

4/9/26

**PRESENTING CLINICAL SIGNS**

History: Heart murmur- previously present but was grade 3, sounds closer to grade 4 now  
 Was diagnosed previously with subaortic stenosis and mitral valve dysplasia- will send over previous echo report  
 Current Medications nexgard spectra

**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 mildly thickened with adequate apposition and intact chordae, and there is no significant prolapse. There is trace mitral regurgitation identified. The tricuspid valve leaflets are appropriately thin with adequate apposition and intact chordae, with no significant tricuspid regurgitation and no evidence of pulmonary hypertension. The left ventricular outflow tract demonstrated turbulent flow and the visible aorta is unremarkable. There is no overt subaortic ridge noted. 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 mild 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	43 kg	80	4.23	2.99	1.27	4.11	2.89
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	30	0.5	1.2	2.3	NM	NM	NM

**ULTRASONOGRAPHIC FINDINGS**

These findings identify elevation of the left ventricular outflow tract velocity. In this case, the gradient is slightly lower than the previous evaluation, but this is suspected to be a difference in imaging plane rather than change in disease severity. Regardless, there is no evidence for progression of the previously noted subaortic stenosis nor mitral valve dysplasia.



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dogs with mild SAS are not at risk for heart failure and sudden death like those with severe disease. They are, however, still at risk for infection on the aortic valve (endocarditis). Therefore, antibiotics should be used in the event of any surgeries (including dentals), lacerations, bite wounds, etc. No specific recheck will be recommended, but a repeat echo is indicated in the murmur changes or clinical signs of heart disease develop. Given the mild nature of disease, coupled with the lack of any chamber dilation/dysfunction, we would have no objection to anesthesia if necessary.

Anesthesia:

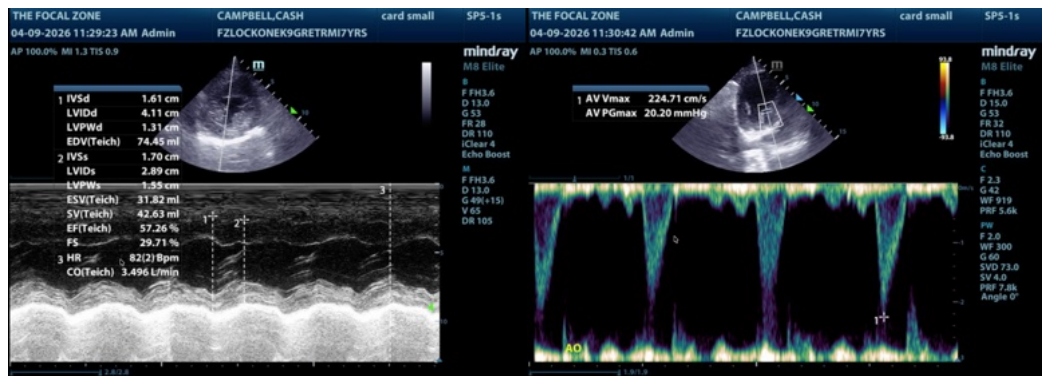
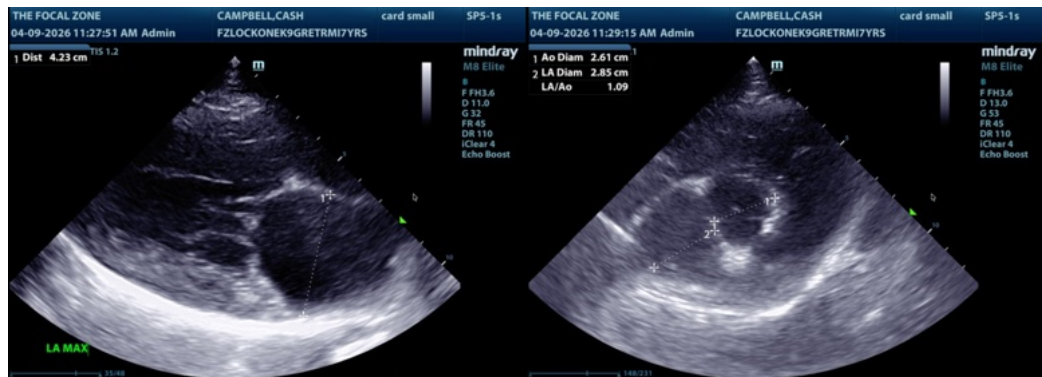
If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Skip any ACE-inhibitor (if receiving) on morning of anesthesia. Fluid therapy during anesthesia should be considered at a reduced rate (e.g., 5 ml/kg/hour) if possible. A shorter anesthetic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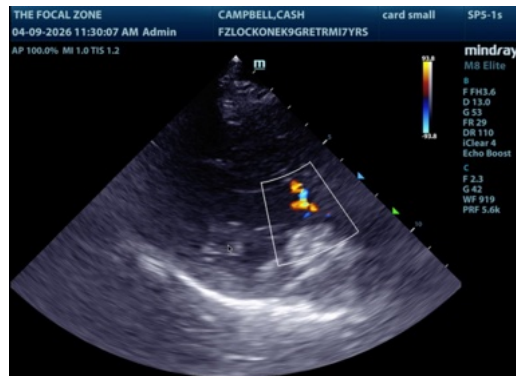
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)