



PATIENT PRESENTING CLINICAL SIGNS

Legend Gauvreau

SPECIES

Canine

BREED

Miniature Doodle Cross

SEX

Neutered male

AGE

4 years

WEIGHT

10.1 kg

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Upper Canada AH

REFERRING VET

Dr. Baskin

INVOICE

78176

DATE

6/1/26

History: Presented for weight loss(significant), inappetance, lethargy and excessive drooling. No prior history of significant illness. Known to be positive for Lyme. Was fed grain free diet up until recently, but is no longer on it. Has had a HM in past so recommend Echo while here to rule out cardiac related. Refusing regular food but will eat some human foods. Walking with his head down and his tail low, tremors, drinking water. Normally a high energy and happy dog but now just lying on the floor. Was anemic a few weeks ago from a different clinic red cell count 51%, repeat bloodwork yesterday showed red cell count 35%. Has not been on any meds. Please see attached most recent BW.
Abnormal PE/Chem/CBC/UA Results: Please see attached lab results and radiographs. Rads showed +++Gas throughout GI tract with no evidence of complete obstruction, stomach empty other than gas and a few liver treats, chest rads WNL.

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. No gross pulmonary pathology is identified on thoracic radiographs.

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	10.1 kg	NM	2.47	2.0	1.06	2.02	1.48
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	27	0.4	1.6	1.4	4.3	<2.0	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.



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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:

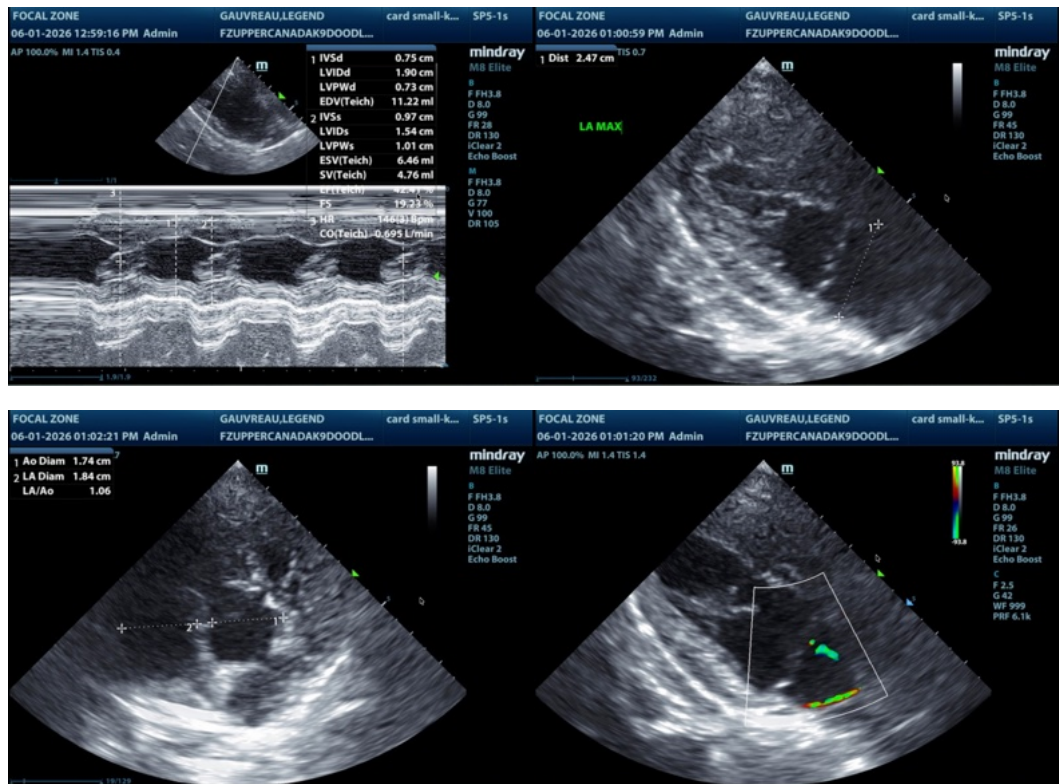
If anesthesia is necessary, alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a conservative rate (e.g., 5 ml/kg/hour) if possible.

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.



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.



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Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

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info@SonoPath.com

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