



**PATIENT**

Jellyroll Real Dog  
 Rescue

**SPECIES**

Canine

**BREED**

American Bully

**SEX**

Male

**AGE**

2 years

**WEIGHT**

46 lbs

**INTERPRETED BY**

Bradley Harris, DVM,  
 DACVECC, DACVIM  
 (cardiology)

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Bergen County VC

**REFERRING VET**

Dr. Moore

**INVOICE**

69926

**DATE**

1/7/26

**PRESENTING CLINICAL SIGNS**

History: 2-3/6 left sided HM- regurgitation.  
 Abnormal PE/Chem/CBC/UA Results: None

**PRESENTING CLINICAL SIGNS**

**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 subjectively normal to mildly enlarged, with normal systolic function. The mitral valve is appropriately thin with normal coaptation, and there no evidence of regurgitation. The tricuspid valve leaflets are subjectively normal with no tricuspid regurgitation and no evidence of pulmonary hypertension. The left ventricular outflow tract demonstrated turbulent flow with apparently increased outflow tract velocity. The right ventricular outflow tract assessment also revealed turbulent flow with a mildly increased outflow tract velocity, and appropriate diameter and distensibility. There is a single loop with possible evidence of a juxta-arterial ventricular septal defect noted. 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	20.91	110	3.64	3.54	1.19	3.68	2.59
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	0.2	2.8	3.9	None	None	NM

**ULTRASONOGRAPHIC FINDINGS**

These findings identify turbulence in the left and right ventricular outflow tracts, with elevated outflow tract velocities. This may represent a moderate aortic stenosis and concurrent mild pulmonic valvular stenosis, but a juxta-arterial ventricular septal defect with relative pulmonic stenosis is also a possibility. Regardless of the anomaly, there is no evidence of significant chamber enlargement at this time, making the defect hemodynamically insignificant for the time being.



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the uncertainty of these findings and the lack of any hemodynamically significant chamber enlargement, no cardiac therapy will be recommended at this time. However, reassessment by a cardiologist is strongly recommended. Otherwise, a repeat echocardiogram is recommended in 6 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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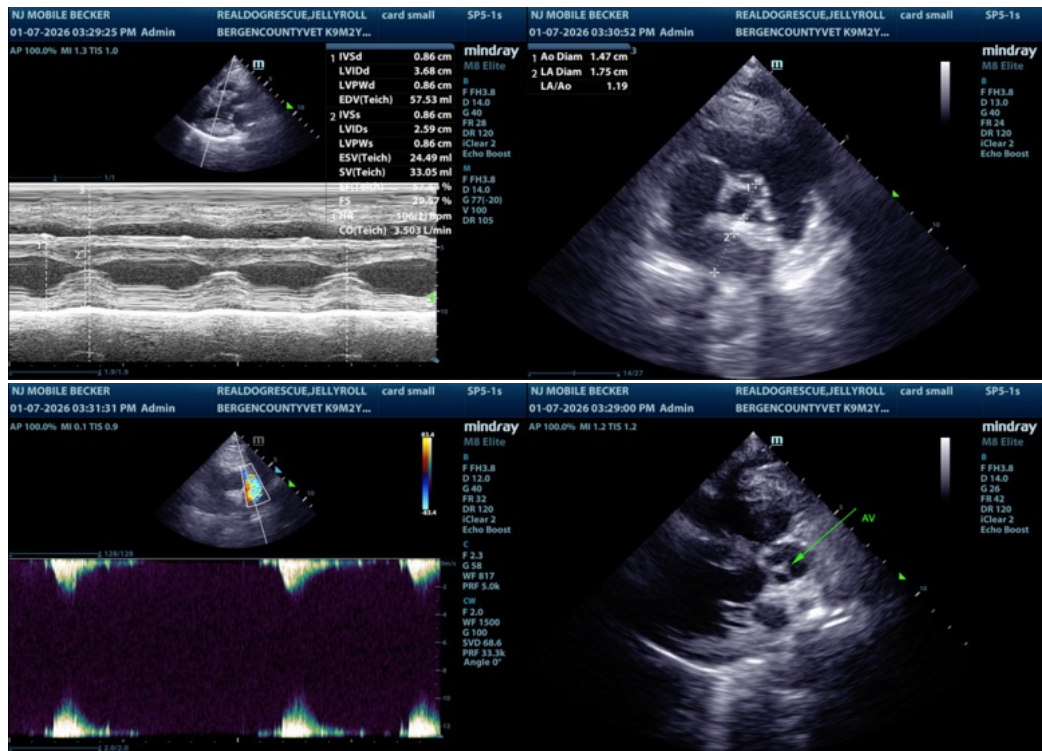
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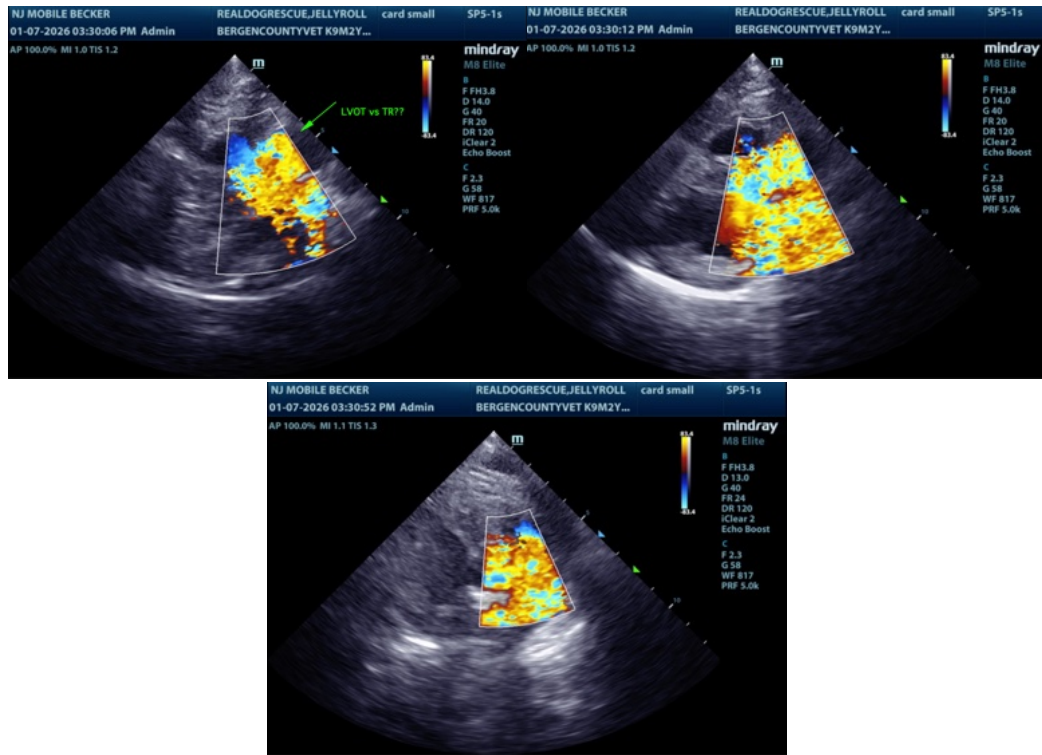
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)