



PATIENT

Fork Cassidy

SPECIES

Canine

BREED

Cavalier

SEX

Male

AGE

11 weeks

WEIGHT

4.3 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Vetco Clark

REFERRING VET

Dr. Mohamed

INVOICE

69291

DATE

12/3/25

PRESENTING CLINICAL SIGNS

History: Asses murmur 4/6 and heart function.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is normal in dimension. The left ventricle is normal in dimension as well as systolic function or contractility based on fractional shortening and systolic left ventricular dimensions. The right atrium and ventricle are normal in dimension and systolic function, with no evidence of intraventricular septal flattening. The anterior and posterior mitral valve leaflets presented normal linear structure, extension in systole, and union in diastole without regurgitation, prolapse, or myxomatous changes noted. There is mild tricuspid regurgitation noted. 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 evidence of dysplasia and severe 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	1.95	130	1.55	1.39	1.29	1.85	1.3
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	0.1	2.4-5.0	1.0	Not present	Not present	47

ULTRASONOGRAPHIC FINDINGS

These findings identify severe pulmonic insufficiency and mild tricuspid valve regurgitation with concern for an increased pulmonic valve pressure gradient. This is most consistent with a pulmonic dysplasia, although there are no overt changes to the right ventricle that would be consistent with a pressure load, nor evidence of a left to right shunt that would represent a relative pulmonic stenosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

At this time, a referral to a veterinary cardiologist is recommended for further evaluation and definition of the suspected congenital disease. No cardiac therapy will be recommended until further definition of the condition has been obtained. Alternatively, a recheck evaluation could be performed in 2-3 months to monitor for progressive right sided changes. Regardless of the underlying diagnosis, breeding is not recommended for this patient, as the disorder is likely congenital in origin.



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Anesthesia:

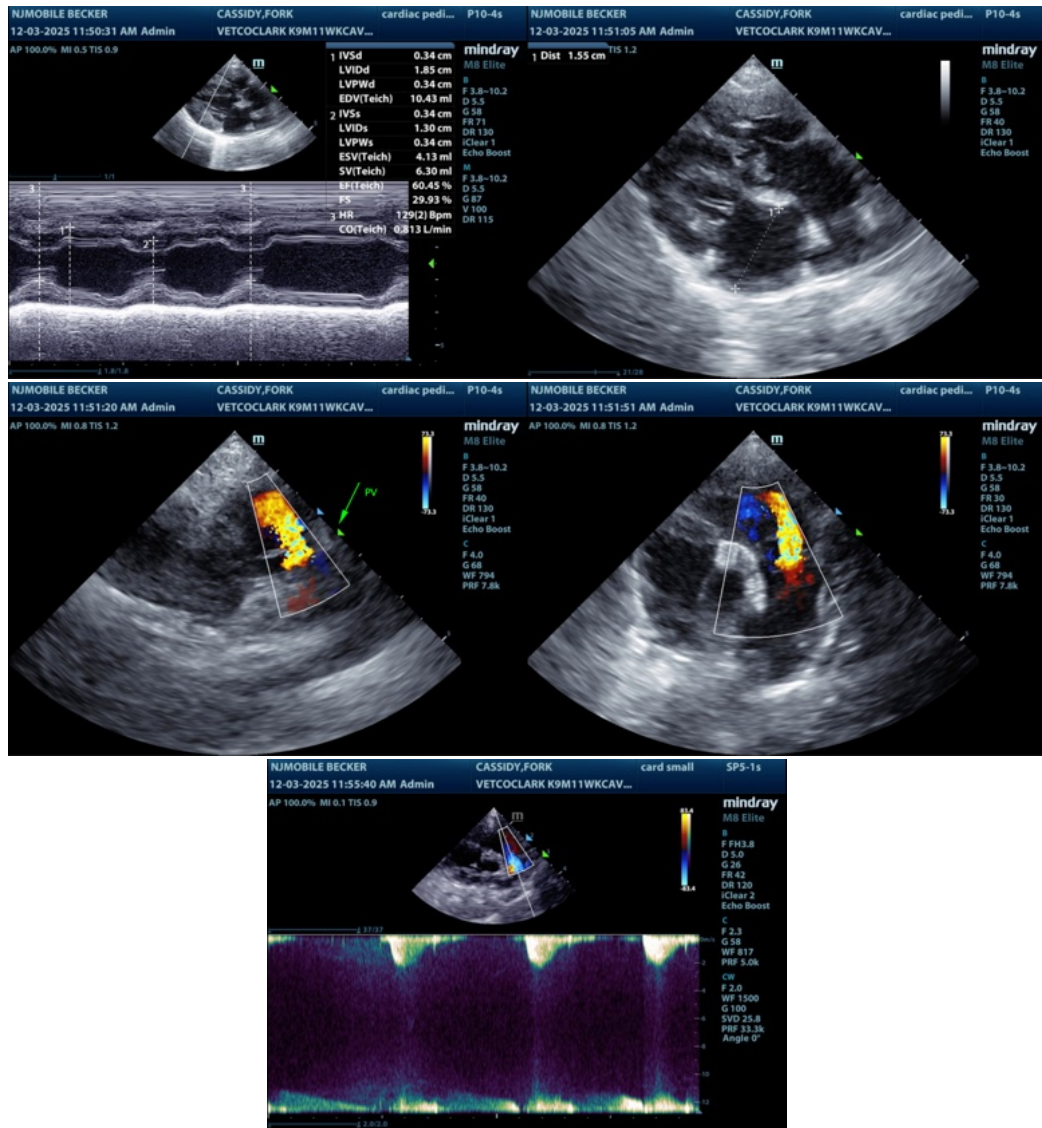
Anesthesia should be avoided until further evaluation and characterization of the suspected congenital disease has been obtained.

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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