



**PATIENT**

Ladty Fabey

**SPECIES**

Canine

**BREED**

Cocker Spaniel

**SEX**

Spayed female

**AGE**

11 ½ years

**WEIGHT**

22.3 lbs

**INTERPRETED BY**

Bradley Harris, DVM,  
 DACVECC, DACVIM  
 (cardiology)

**IMAGING PERFORMED BY**

Shari, Reffi, CVT

**HOSPITAL NAME**

Cummings VH

**REFERRING VET**

Dr. Cummings

**INVOICE**

71845

**DATE**

2/24/26

**PRESENTING CLINICAL SIGNS**

- BCS 3/9, Irregular heart rate
- Clinical Findings: First degree heart block, increased thirst/less active
- Current Medications: Dasuquin Advanced, Gabapentin 50mg

**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 appropriately thin with adequate apposition, intact chordae, and there is no significant prolapse. There is no significant mitral regurgitation identified. The tricuspid valve leaflets are appropriately thin with adequate apposition, intact chordae, 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, and appropriate diameter and 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.

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	10.14 kg	100	2.6	2.09	1.37	3.08	2.24
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	0.3	0.8	1.6	Not Present	1.6	56

ECG:

A single-lead ECG 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 prolonged but consistent P-Q intervals. There are irregular R-R intervals, with occasional P waves that do not conduct, consistent with atrioventricular block. There is no atrial or ventricular ectopy noted. The underlying rhythm is most consistent with a sinus rhythm (normal physiologic change) with an occasional 2nd degree atrioventricular block



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**ULTRASONOGRAPHIC FINDINGS**

These findings are consistent with an essentially normal echocardiogram. Any murmur will be considered functional in origin. Atrioventricular (AV) block is an abnormality affecting conduction from the atria to the ventricles. The block typically occurs at the level of the AV node or the bundle of His. The most common cause of higher-grade AV block in dogs is progressive fibrosis/degeneration of the AV node. Other causes include myocarditis, cardiac remodeling from valve disease, cardiomyopathy, ischemia, iatrogenic causes (beta-blockers, calcium channel blockers, digoxin, etc.), increased vagal tone, electrolyte abnormalities, and exposure to certain toxins or medications.

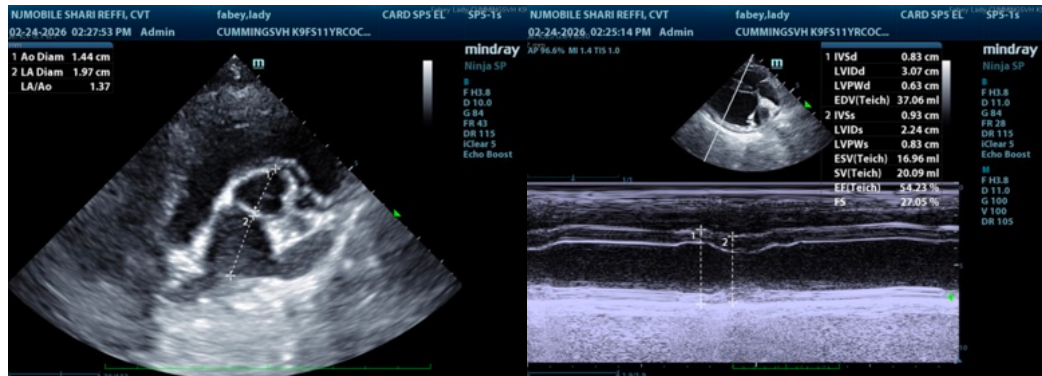
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Additional diagnostics (an abdominal ultrasound, thyroid, baseline cortisol, etc.) should be considered to further evaluate systemic causes of the dysrhythmia. Lower-grade AV block is often left untreated. Some more severe AV block can be addressed medically with theophylline or other medications if clinical signs are present, but more severe manifestations require pacemaker placement. There are no cardiac contraindications to fluid therapy or corticosteroid therapy, as indicated for further assessment and treatment. A recheck echo and ECG is recommended in 6 months, or sooner if clinical signs develop (syncope) or therapy is being considered.

Anesthesia considerations:  
No special considerations are necessary.

Diet:  
No special considerations are necessary. Any high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina is reasonable.

Activity:  
No special considerations are necessary.





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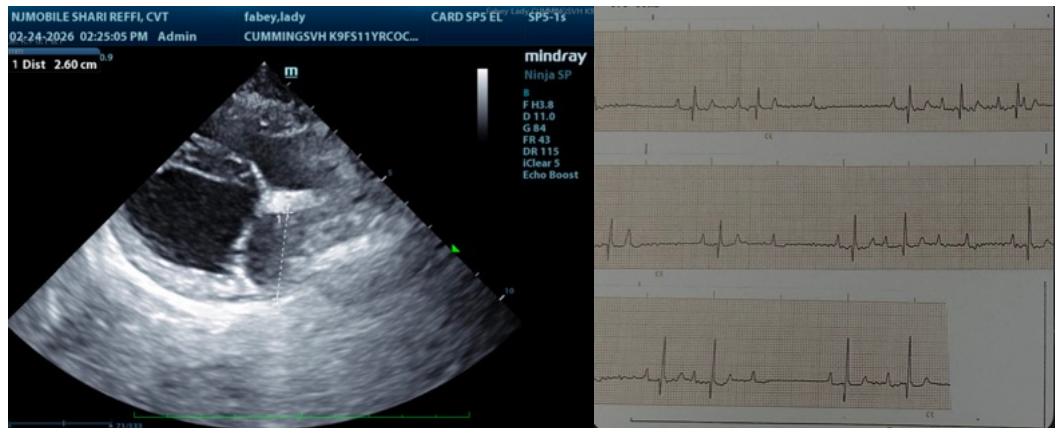
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

[info@SonoPath.com](mailto:info@SonoPath.com)