



**PATIENT**

Legend Glennon

**SPECIES**

Canine

**BREED**

Bully Dog

**SEX**

Neutered male

**AGE**

2 ½ years

**WEIGHT**

-

**INTERPRETED BY**

Bradley Harris, DVM,  
 DACVECC, DACVIM  
 (cardiology)

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Newbridge Vets

**REFERRING VET**

Dr. Glennon

**INVOICE**

71221

**DATE**

2/4/26

**PRESENTING CLINICAL SIGNS**

- Passes out when excited, R/O 1 degree heart dz, vaso-vagal response?? Treatment and meds if any.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

The left atrium is normal in dimension. The left ventricle is subjectively normal, with adequate 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 mild mitral regurgitation identified. The tricuspid valve leaflets are appropriately thin with adequate apposition, intact chordae, no significant tricuspid regurgitation and no evidence of pulmonary hypertension. The left ventricular outflow tract demonstrated turbulent flow and the visible aorta is unremarkable. The right ventricular outflow tract assessment revealed normal laminar flow, and appropriate diameter and distensibility. There is trivial 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.

<b>CANINE CARDIAC PARAMETERS</b>	<b>Body Weight kg</b>	<b>HR BPM</b>	<b>LAD 4 ch Long</b>	<b>RAD 4 ch Long</b>	<b>La/Ao Heart Base</b>	<b>LVIDd</b>	<b>LVIDs</b>
<b>NORMAL PARAMETER</b>		50-100			<1.6		
<b>PATIENT</b>	18.18 kg	120	3.9	2.99	1.3	4.26	2.85
<b>CANINE CARDIAC PARAMETERS</b>	<b>FS</b>	<b>EPSS</b>	<b>PV V MAX (m/s)</b>	<b>AV V Max (m/sec)</b>	<b>MR Vmax</b>	<b>TR Vmax</b>	<b>RPA distensibility (normal &gt;30%)</b>
<b>NORMAL PARAMETER</b>	28-40	<0.6	0.7-1.6	0.7-1.7	4.5-5.5	< 2.7	
<b>PATIENT</b>	33	0.3	0.9	1.7	NM	NM	42

**ULTRASONOGRAPHIC FINDINGS**

These findings identify mitral valve regurgitation in the presence of normal chamber dimensions. Given the patients age, this is most consistent with mitral valve dysplasia with no significant hemodynamic effects. However, the lack of a body weight makes the assessment of the left ventricular dimensions and function incomplete. Additionally, while the outflow tract velocities measure within normal limits, the turbulence in the left ventricular outflow tract, combined with the mitral valve regurgitation, makes a concurrent occult sub valvular aortic stenosis a concern.



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

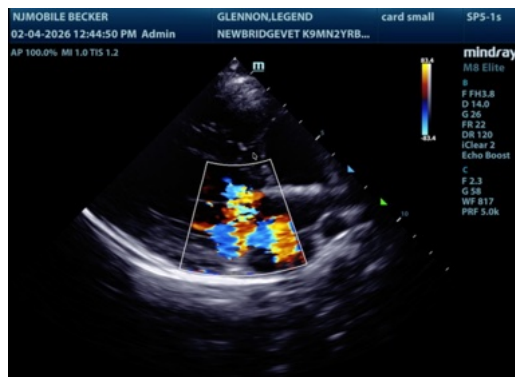
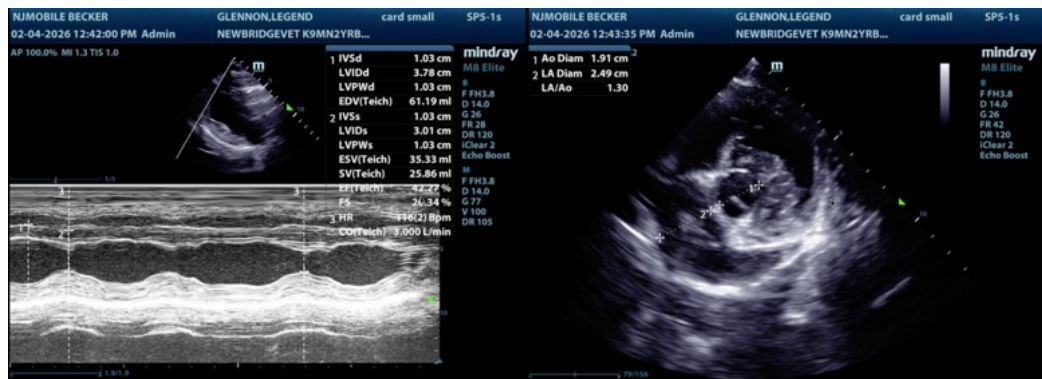
Given these findings, no cardiac therapy are indicated at this time. Consider a diagnostic ECG or 24-48 hour ECG (Holter monitor) to exclude potential dysrhythmia as a cause of the episodes. If the episodes persist, consultation with a repeated echocardiogram in lateral recumbency is recommended to better evaluate the left ventricular dimensions and LVOT. Alternatively, empiric therapy with beta-blockers (atenolol 1-2mg/kg SID-BID) could be considered and may be effective in the face of vasovagal syncope, subaortic stenosis, or potential dysrhythmia.

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.



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)