



PATIENT

Boomer Guzman

SPECIES

Canine

BREED

French Bulldog

SEX

Male

AGE

1 year

WEIGHT

26.6 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Vincent Ravancho,
CVT

HOSPITAL NAME

Animal General
Hudson

REFERRING VET

Dr. DiGiuseppi

INVOICE

77953

DATE

5/26/26

PRESENTING CLINICAL SIGNS

History: Murmur Auscultated during pre-neuter exam.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is normal in dimension. The left ventricle is normal in dimension as well as systolic function. The right atrium and ventricle are subjectively normal in dimension, and systolic function. The anterior and posterior mitral and tricuspid valve leaflets presented normal linear structure, extension in systole, and union in diastole without regurgitation, prolapse, or myxomatous changes 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 possible dysplasia, turbulent flow, a slightly increased main pulmonary artery dimension, and moderate to 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	12.09 kg	130	2.59	2.11	1.39	2.56	1.6
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	38	0.1	6.0	2.3	Not present	2.1	NM

ULTRASONOGRAPHIC FINDINGS

These findings identify an elevated right ventricular outflow tract velocity and narrowed pulmonic valve orifice, consistent with severe pulmonic stenosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cardiac therapy with atenolol (initial dose 1-2 mg/kg BID, higher doses may be needed especially as the patient grows) is recommended. Given the severity of disease, referral to a veterinary cardiologist is recommended and the merits of a balloon valvuloplasty should be discussed with the owner. Otherwise, a repeat echo is recommended in another 6-12 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



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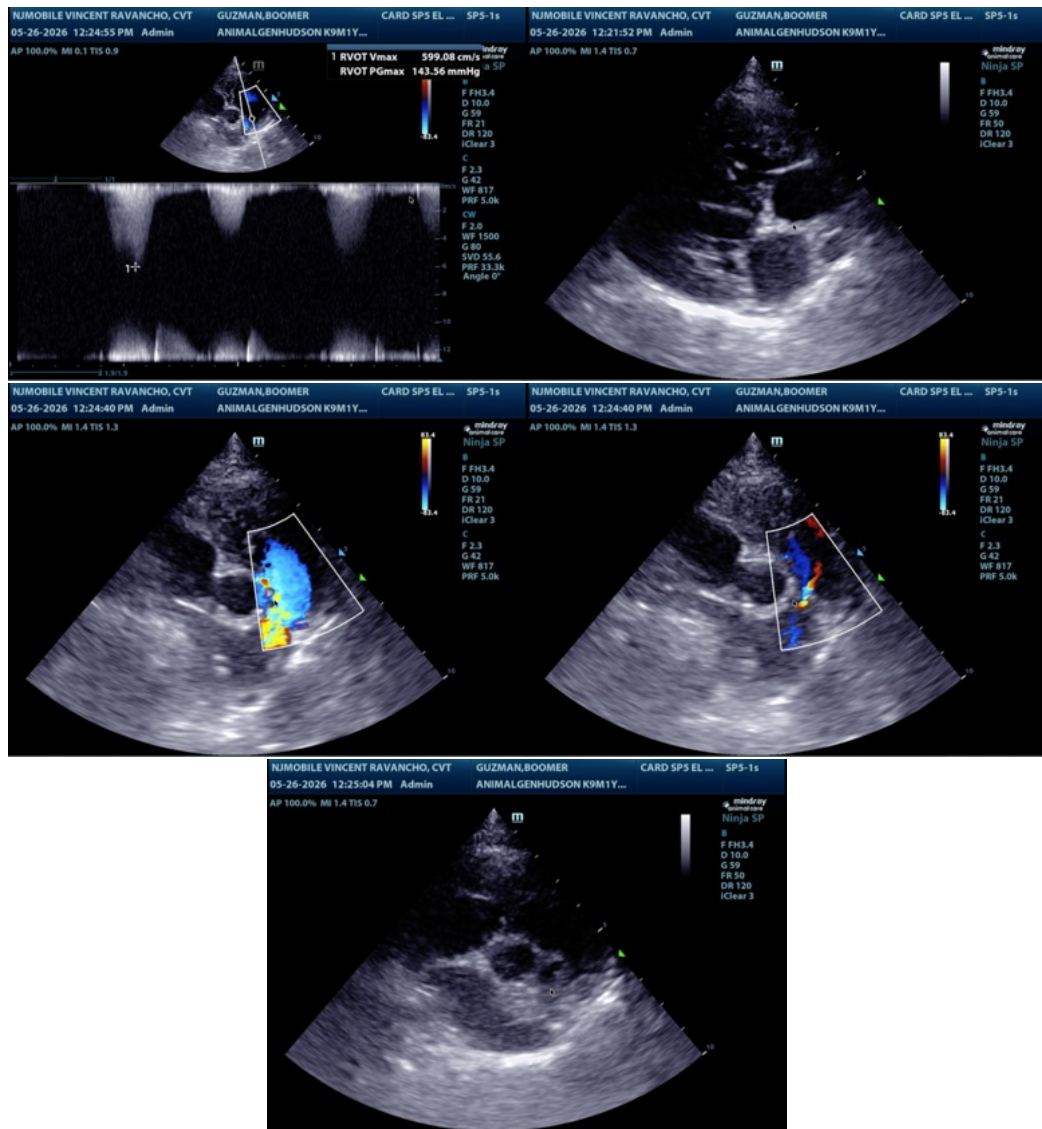
the safest protocol. An induction agent such as Propofol, alfaxalone, or diazepam/etomidate can be used to effect. Maintenance of anesthesia with isoflurane or sevoflurane is reasonable.

Diet:

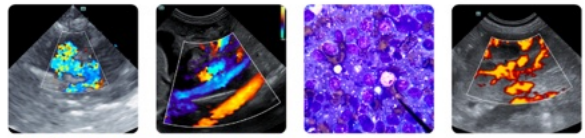
A high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina that is highly palatable with adequate protein and calories for maintaining optimal body condition is reasonable.

Activity:

Avoid overly strenuous activity.



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.



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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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info@SonoPath.com