



PATIENT

Bean Clark

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

12 Months

WEIGHT

42 Pounds

INTERPRETED BY

James Wood, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Karen Ebersole DVM
DABVP (Canine &
Feline)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Bennett

INVOICE

37149

DATE

5/19/26

PRESENTING CLINICAL SIGNS

History: Heart murmur found on exam for bite wound. No clinical signs of cardiac disease. Butorphanol for sedation.

Abnormal PE/Chem/CBC/UA Results: Grade 2/6 systolic murmur

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	LA long axis	LAmxN	Ao long axis	LA/AO (Heart Base; Swe, short axis)	LA/AO long axis	LVIDd	LVIDdN
NORMAL PARAMETER		<1.57		<1.6	<2.5		<1.7
PATIENT	2.85	1.15	1.43	1.54	1.99	3.55	1.4
CARDIAC PARAMETERS	Body Weight (kg)	AV VMAX (m/s)	PV MAX (m/s)	MR VMAX (m/s)	TR VMAX (m/s)	FS (%)	LVIDsN
NORMAL PARAMETER		0.7-1.7	0.7-1.6			22 - 49%	<0.9
PATIENT	19.1	2.3	1.2	--	--	41.1	0.66
CARDIAC PARAMETERS	HR (bpm)	MV E (m/s)	MV A (m/s)	MV E/A (m/s)	EF (%)	IVSdN	LVFWdN
NORMAL PARAMETER						<0.6	<0.6
PATIENT	152	--	--	--	73	0.4	0.42

Cardiac Presentation

The mitral valve leaflets are normal and there is no mitral regurgitation. Leaflet prolapse is not identified. The left atrial size is normal. Left ventricular systolic function is within normal limits. Left ventricular diastolic function is not assessed. Within the right atrium, on some views, there are linear band-like structures. If no intravenous injection was given during this study, this is suspicious for a prominent Chiari network. There is no evidence of tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension on today's evaluation. The transaortic flow velocity is mildly increased, consistent with an audible murmur. The left ventricular outflow tract is morphologically normal with no subaortic ridge, ring or tunneling lesion. The aortic



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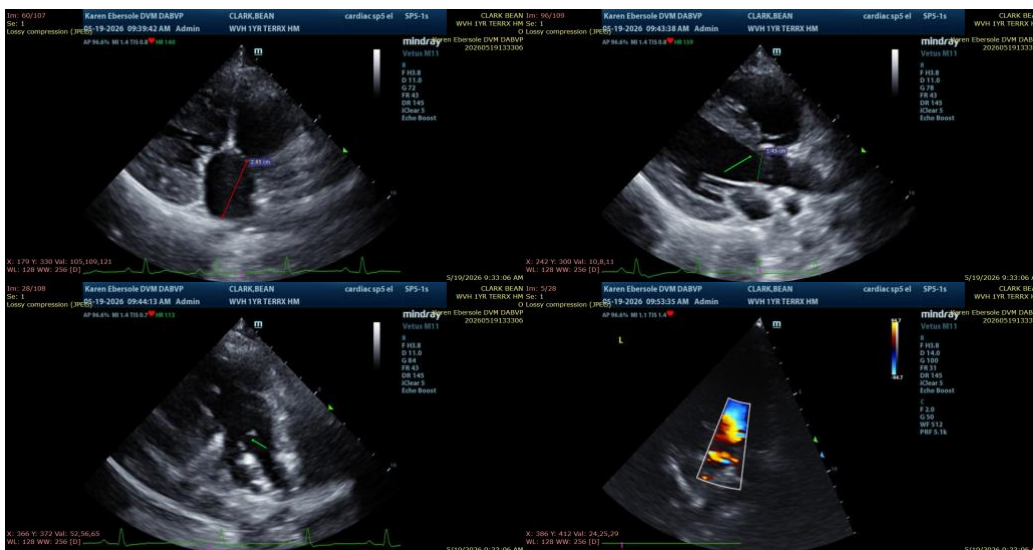
valve is competent. The right ventricle subjectively appears normal in structure and function. The pulmonary valve has normal morphology, and the corresponding outflow velocities are within normal limits. There is no evidence of pulmonary valve insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses. No atrial or ventricular septal defects, AV valve dysplasia or PDA are identified.

ULTRASONOGRAPHIC FINDINGS

- Benign murmur (LVOT Vmax 2.3 m/s)
- Suspected prominent Chiari network

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiogram showed an increased left ventricular outflow tract velocity as a cause of the murmur, i.e., physiologic murmur. This is suspected to be a benign finding in this dog, though the velocity makes equivocal subaortic stenosis a consideration. This is not suspected to be a problem for this patient specifically, and no specific medications or follow-up are needed. However, if the patient was intact, it would garner a recommendation against breeding. The prominent Chiari network is also an incidental congenital defect of no clinical significance.



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.

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info@SonoPath.com

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