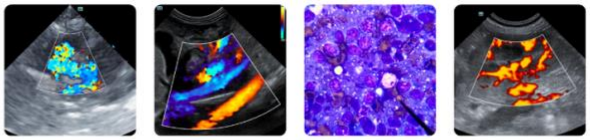

PATIENT

Darla Delph

SPECIES

Canine

BREED

Boxer Mix

SEX

Spayed Female

AGE

8 Years

WEIGHT

45 Pounds

INTERPRETED BY

James Wood, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom VI

REFERRING VET

Harrison Pearl, DVM

INVOICE

37151

DATE

5/19/26

PRESENTING CLINICAL SIGNS

History: Patient had thoracic radiographs performed 2 months ago which showed increased opacity of the cardiac silhouette. Recommended follow-up radiographs vs ultrasound to further evaluate and owner elects ultrasound.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	LA long axis	LAmaxN	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	3.14	1.24	1.24	1.68	2.53	3.6	1.39
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	20.5	2.9	1.9	--	1.55	46.4	0.59
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	147	--	--	--	78.7	0.59	0.54

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 and diastolic function wall thicknesses are normal based on allometric scale reference range. There is normal right atrial size without evidence of tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension on today's evaluation. The right ventricle subjectively appears normal in structure and function. The left ventricular outflow tract is morphologically normal in the provided images with no subaortic ridge, ring or tunneling lesion. The pulmonary valve has normal morphology. The transaortic and transpulmonary flow velocities are mildly increased, consistent with equivocal subaortic stenosis. No aortic valve insufficiency is seen. The aorta appears normal. The pulmonary

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artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Equivocal/mild subaortic stenosis
- Mildly increased transpulmonary flow velocity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on the LVOT Vmax, this patient has equivocal/mild subaortic stenosis, however, there is no morphologic lesion in the LVOT such as a subaortic ridge, ring or tunneling lesion seen on 2D images available. Adverse cardiovascular outcomes with **severe** SAS include progression to left sided CHF, arrhythmias and a risk of sudden death. With mild/equivocal disease, however, the anticipated lifespan is normal with no medication recommendations. There is thought to be an increased risk of infection of the aortic valve with bacteremia. Due to this, prompt treatment of any sources of infection is recommended, and the use of perioperative antibiotics is prudent. Given the patient's age, further progression is not anticipated, and recheck echocardiogram is not necessarily indicated.

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.

James Wood, DVM, DACVIM (Cardiology)

info@SonoPath.com