



PATIENT

Blue Wood

SPECIES

Canine

BREED

French Bulldog

SEX

Male

AGE

3.5 Years

WEIGHT

25 Pounds

INTERPRETED BY

James Wood, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Sam Doverspike

HOSPITAL NAME

Franklin Animal Clinic,
Inc.

REFERRING VET

Dr. Sam Doverspike

INVOICE

37362

DATE

6/5/26

PRESENTING CLINICAL SIGNS

History: PE revealed Systolic 3/6 murmur heard best in cranial/dorsal left chest.
Dog is asymptomatic.

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	2.43	1.15	1.23	1.44	1.98	2.66	1.23
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	11.36	1.45	6.09	--	--	50.4	0.51
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	100	--	--	--	--	0.4	0.41

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 and diastolic function is within normal limits. The aortic valve is normal in thickness with normal valve excursion. The transaortic flow profile and velocity are normal. The aortic valve is competent. The subaortic LVOT is morphologically normal with no subaortic ridge, ring or tunneling lesions. The right atrium is normal in size. There is mild central tricuspid valve insufficiency. There is moderate to severe right ventricular wall thickening with systolic flattening of the interventricular septum, consistent with an RV pressure overload. The pulmonary valve leaflets are mildly thickened and there is scrolling of the leaflet, commissural fusion with systolic doming. There is a severe RVOT obstruction at the level of the valve based on CW doppler with a maximum instantaneous pressure gradient of ~148mmHg. There is mild pulmonary valve insufficiency. The pulmonary trunk and proximal PA branches are mildly dilated.



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ULTRASONOGRAPHIC FINDINGS

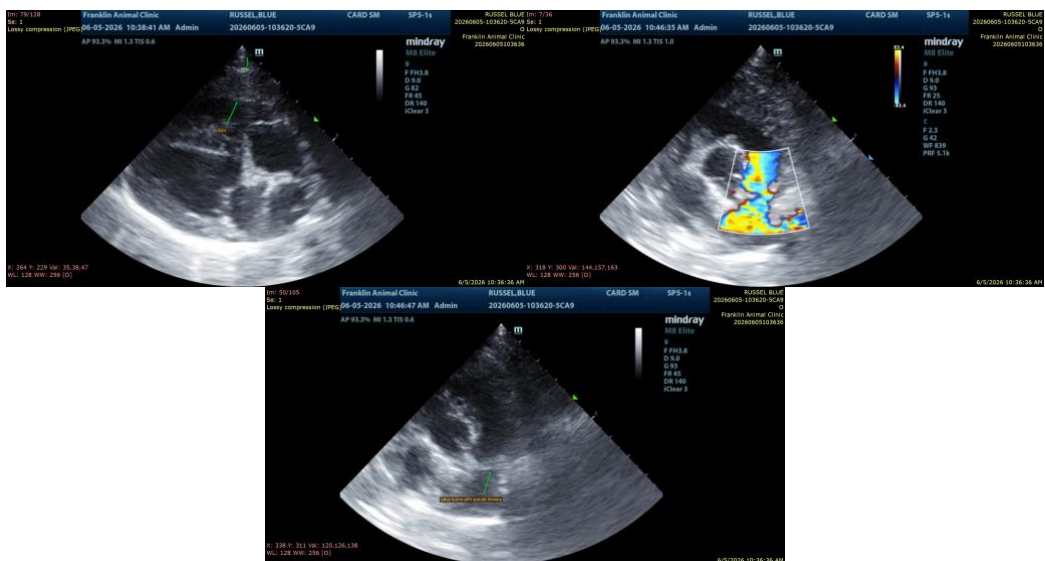
- Pulmonary valve stenosis- severe max pressure of ~148mmHg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has severe pulmonary valve stenosis with moderate to severe RV concentric hypertrophy, but normal RA size. Patients with severe PS generally have a reduced lifespan with anticipated survival times of ~4-6 years with medical management on a beta blocker. Outcomes include progressive right atrial enlargement culminating in right sided CHF, clinical signs of exercise intolerance/syncope and arrhythmias, with sudden death being a possible outcome of ventricular arrhythmias. Intervention with a balloon valvuloplasty is generally recommended in these patients to prolong survival.

Atenolol should be considered for this patient, starting at ~0.5mg/kg q12, titrating up to a target dose of 1mg/kg PO q12hr. Recommend recheck examination in 1-2 weeks. A reduction in hospital heart rate, at least below 150bpm, is necessary to confirm adequate beta blockade. Dose escalation until clinical beta blockade can be pursued if the heart rate remains elevated in the hospital.

Referral to a cardiologist is recommended to consult for balloon valvuloplasty. If no follow-up with a cardiologist is possible, recheck echo in six months is recommended.



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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