



PATIENT

Harlow Terranova

SPECIES

Canine

BREED

Bengal Mix

SEX

Intact Female

AGE

14 Years

WEIGHT

34.6 Pounds

INTERPRETED BY

Laurent Locquet, DVM
MRCVS GPCert (VC)
Diplomate ECVIM-CA

IMAGING PERFORMED BY

Dr. Hesham Elakbawy

HOSPITAL NAME

Lincoln Avenue Cat
and Dog Hospital

REFERRING VET

Dr. Hesham Elakbawy

INVOICE

35482

DATE

11/10/25

PRESENTING CLINICAL SIGNS

History: Presented for collapsing and possible seizures. No neurological deficit. Never lost consciousness or salivating. Was put on gabapentin, no murmur heard, elevated proBNP (2,577), Normal T4, normal renal function, minimal elevation of ALT & AST. ALP is 1,200. Low dose dexamethasone test is pending.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	--	--	1.32	50	NM	0.3
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA MAX 4 Chamber	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	--	NM	NM	--	1.99	1.99	1.02

Cardiac Presentation

The left atrial size was normal. The mitral valve was normal. The left ventricle was partially compressed due to the right sided concentric hypertrophy. The myocardium revealed normal echogenicity on the left-hand side, but on the right-hand side there was clear concentric hypertrophy with subjective fibrotic zones. Contractility was ok. Left ventricular outflow tract was normal, as far as I can see. The right atrium was significantly dilated. No evidence of masses. The tricuspid valve showed mild tricuspid valve regurgitation. The right ventricle was significantly concentrically enlarged, as well as eccentric with compression of the interventricular septum. Concentric hypertrophy can be due to pressure overload, and so congenital disease that should be considered includes pulmonic stenosis or acquired disease, for example, pulmonary hypertension. Based on this examination, an exact underlying cause could not be identified. The pulmonic tract was not completely visualized. No visible pericardial effusion or pleural effusion were noted, but there was a significant amount of ascites, as well as congestion of the hepatic veins. This is compatible with right sided heart failure. The cranial mediastinum and pericardial regions were free of masses in the visible windows.

ULTRASONOGRAPHIC FINDINGS



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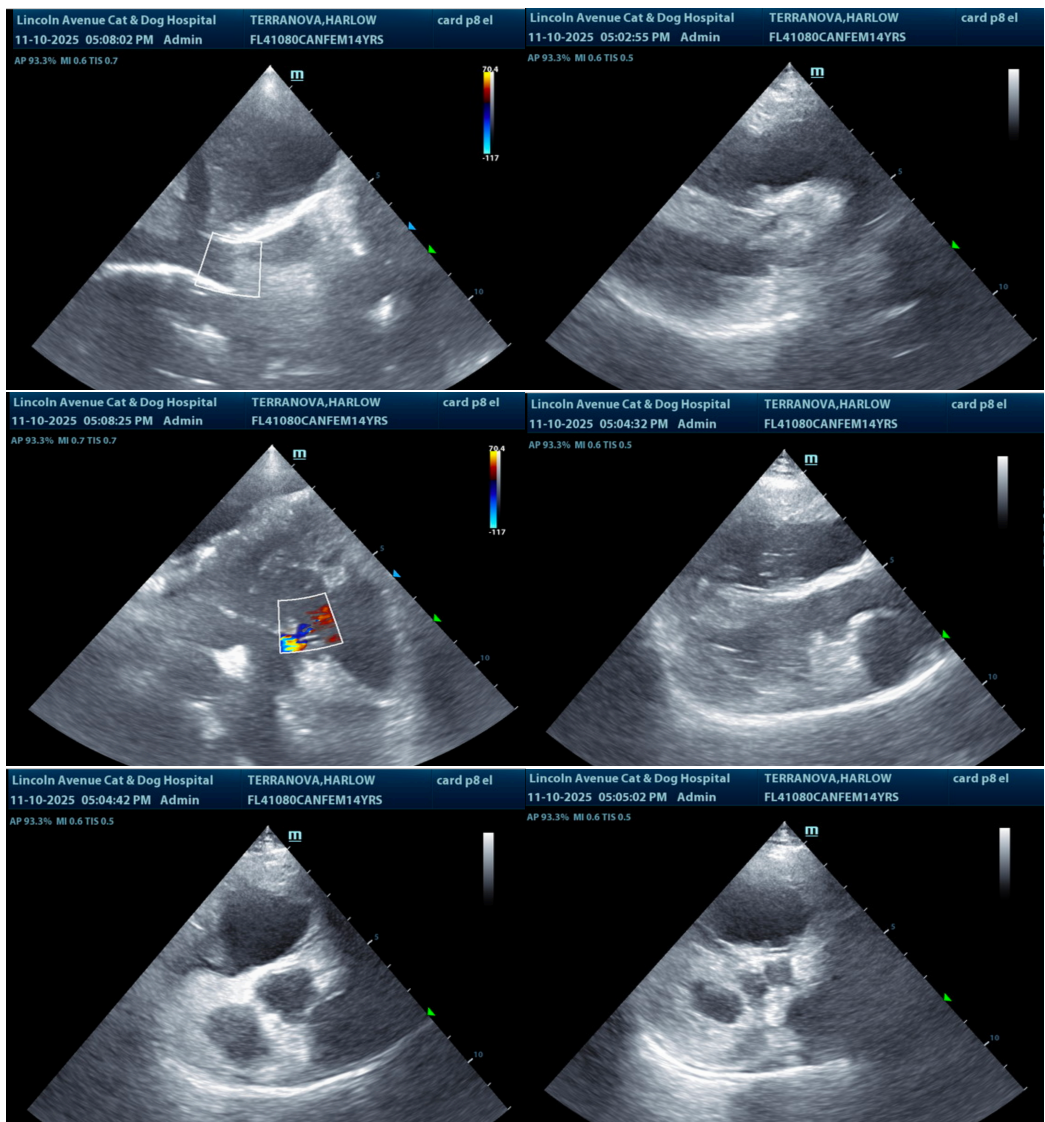
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- Severe right sided cardiomyopathy with secondary concentric hypertrophy of the right ventricle, right atrial dilation, and secondary congestion of the hepatic veins with ascites, compatible with right aided congestive heart failure.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The underlying reason for the right sided pathology could not be identified. Ideally, the right ventricular outflow tract should be optimized for visualization to measure the outflow tract velocity to exclude pulmonic stenosis. For example, try to measure the tricuspid valve regurgitation velocity to assess potential pulmonary hypertension. If there is no pulmonic stenosis, further tests might include thoracic radiographs or diagnostic abdominocentesis to evaluate the ascites, and depending on the deworming status, testing for heartworms is recommended as well.





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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.

Laurent Locquet, DVM MRCVS GPCert (VC) Diplomate ECVIM-CA

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