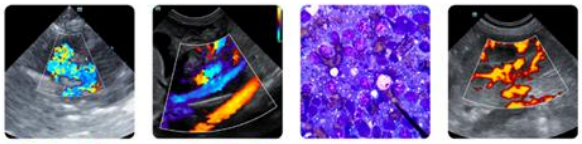

PATIENT

Brandy McLaughlin

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

10yr

WEIGHT

64.2lb

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Christina CVT

HOSPITAL NAME

Animal Health Veterinary Clinic

REFERRING VET

Dr Collazos

INVOICE
23679

DATE
01/27/2026

PRESENTING CLINICAL SIGNS

- Recheck Echo due to pulmonic stenosis
- P is doing well but does still suffer from exercise intolerance
- P is undergoing slow kill heartworm treatment at this time, bloodwork sent to lab today to check status

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	--	--	--	1.0	44	77	0.2
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT**	**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	1.2	5.0	62.4lb	3.9	3.9	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 2 separate methods of LA evaluation. The cranial and caudal mitral valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. No overt MR on Doppler. The left ventricle presented thicknesses with linear contour and was not dilated nor restricted. The myocardium presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. Contractility of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The left ventricular outflow tract demonstrated normal subjective structural integrity. Normal measured LVOT velocity. The right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated adequate linear morphology and kinesis. No overt TR on Doppler. The right ventricle was of mild increased size with normal chordae structure, myocardial echogenicity and thickness. Pulmonary outflow tract assessment revealed indistinctly visualized pulmonic valve, dynamic to turbulent post valve outflow pattern, normal to mild increased post valvular pulmonary artery diameter compared to the aorta. Moderate to significant elevated RV outflow velocity. Concurrent mild pulmonic valve insufficiency measuring 1.75 m/s. No visible pericardial or free pleural fluid was noted. The cranial mediastinum and pericardial and extra-cardiac regions were free of masses in the visible window. No evidence of hepatic congestion.

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ULTRASONOGRAPHIC FINDINGS

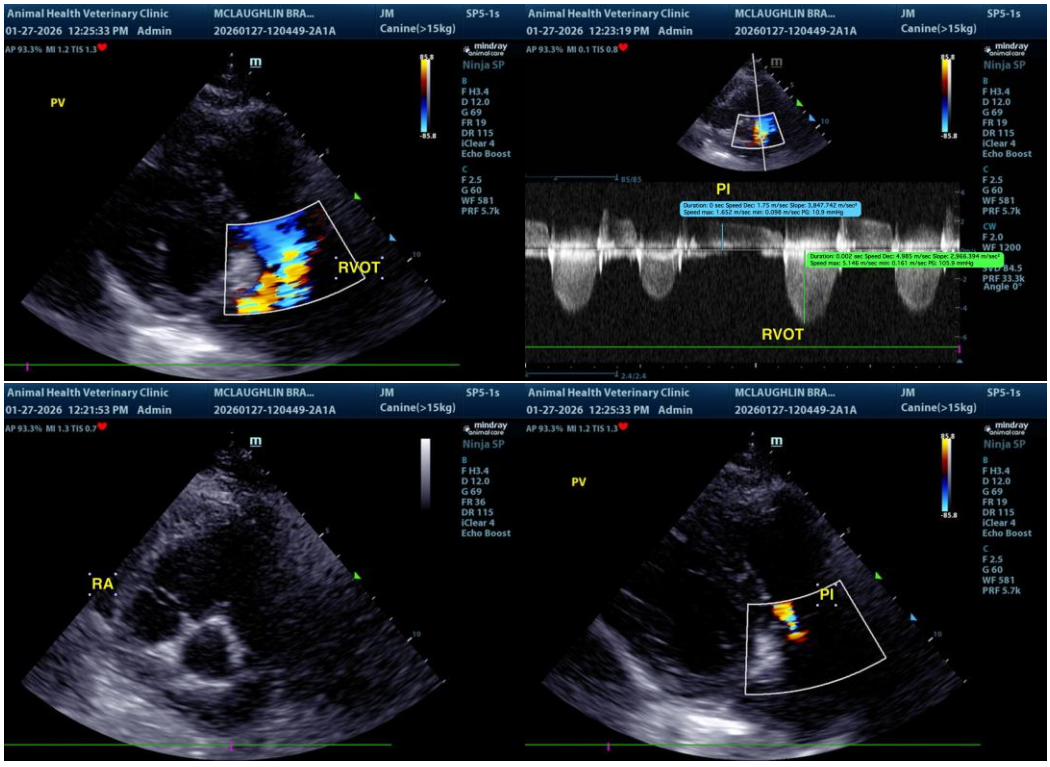
Primary

- Severe pulmonic stenosis with associated secondary mild compensated right ventricle enlargement

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The estimated pressure gradient based on measured RV outflow velocity is consistent with severe pulmonic stenosis (estimated pulmonary pressure gradient ~ 100 mm/Hg) This appears to remain compensated without evidence of significant left-sided chamber enlargement, ventricle hypertrophy, or hepatic congestion. No evidence of current visualized heartworms.

Atenolol 1 mg/kg PO BID is recommended at this stage in conjunction with potential reported exercise intolerance. No overt indication for additional medications. Cardiology referral may be considered if additional interventional procedures are a possibility. Otherwise, serial sonographic monitoring is required for further prognosis with recheck echo suggested in 6 months sooner if clinical signs consistent with right heart disease arise.



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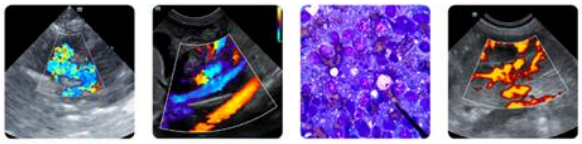

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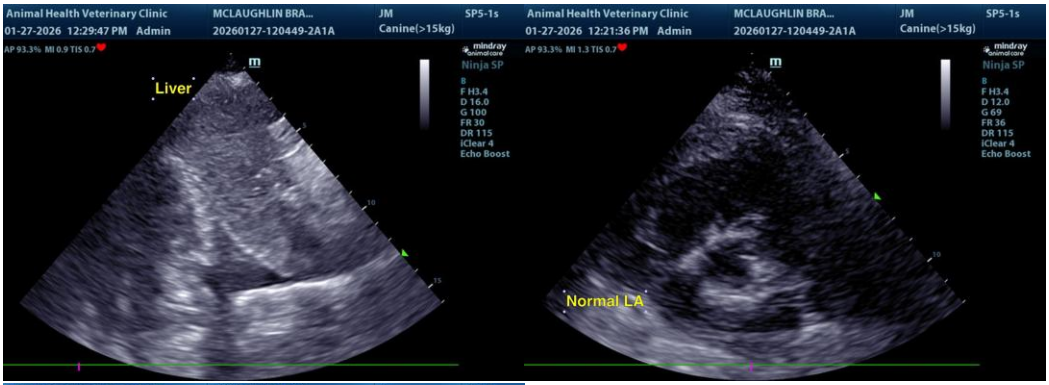

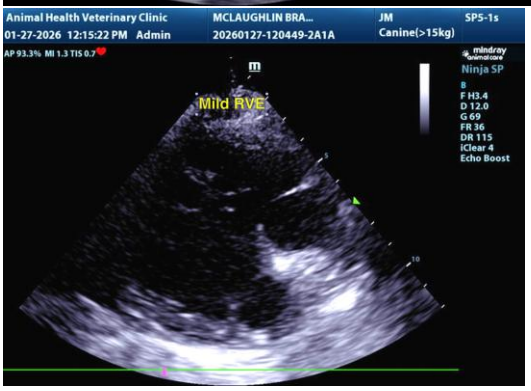

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com