



PATIENT

Ruby Smiley

SPECIES

Canine

BREED

English Bulldog

SEX

Female

AGE

3 Months

WEIGHT

10.5 pounds

PRESENTING CLINICAL SIGNS

Heart murmur 2/6, BAR, murmur not clinical

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	--	--	NM	1.35	35	67	0.2
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	137	1.2	3.7	--	2.0	2.1	--

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

All Creatures Denville

REFERRING VET

Dr. Ashmore

INVOICE

12073

DATE

11/04/25

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. 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 laminar flow and subjective structural integrity. Normal measured LVOT velocity. The **right atrium** and auricle revealed mild increased size, normal 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** exhibited normal size with thickened mild asymmetrical free wall. **Pulmonary outflow** tract assessment revealed abnormal pulmonic valve structure, turbulent to dynamic flow, and overall normal pulmonary artery diameter (approx.1:1 pa/ao ratio). Moderate to severely increased measured RV outflow velocity. Concurrent pulmonic insufficiency measuring 2.0 m/s. No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Moderate to severe pulmonic stenosis.



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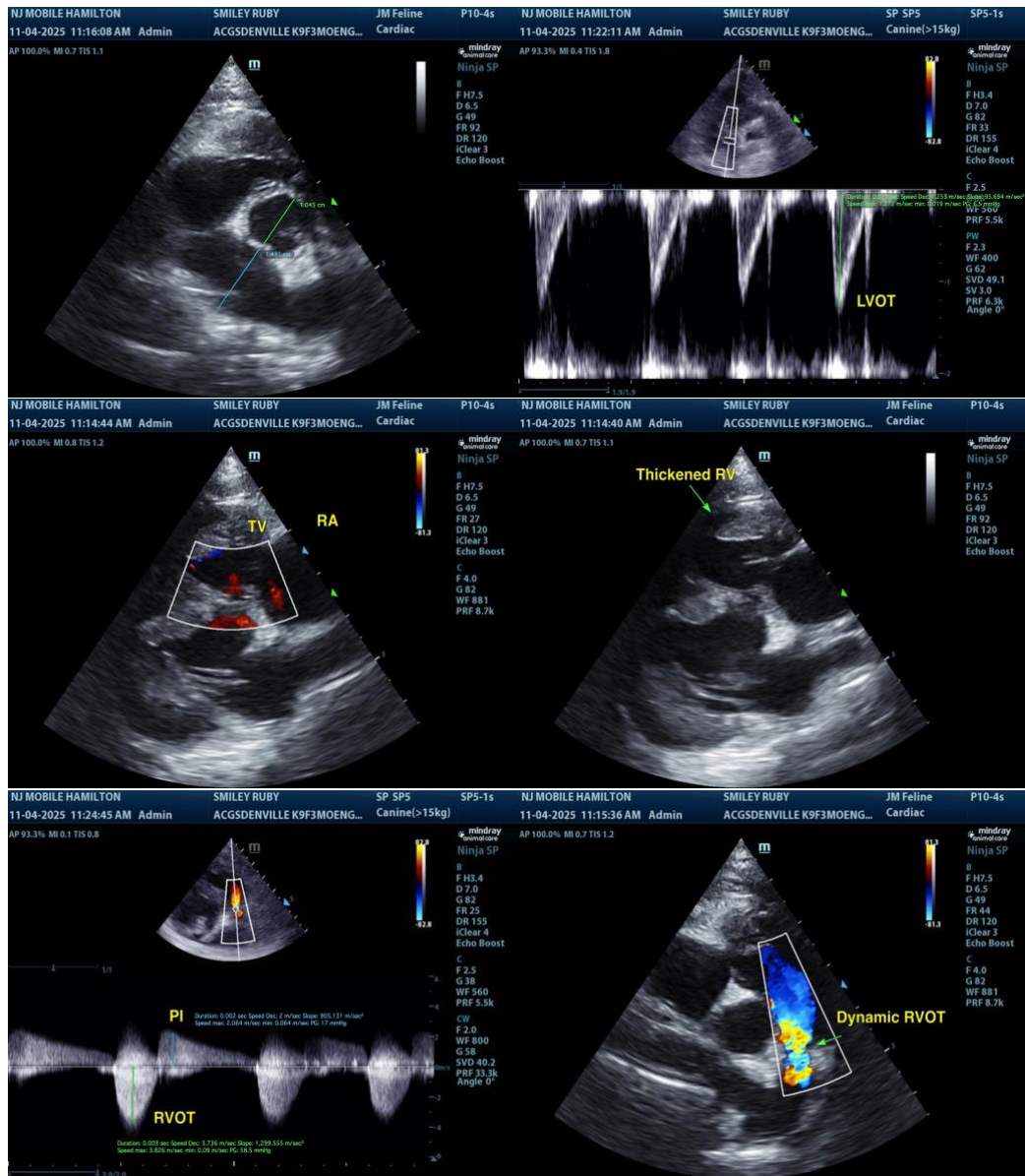
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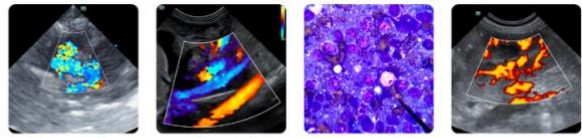
11/04/25

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given moderate to severe pulmonic stenosis with evidence of right ventricle hypertrophy and estimated pulmonary pressure gradient 55-60 mm of mercury, referral to cardiologist for further assessment and consideration for balloon valvuloplasty is recommended. Atenolol 1.0 mg/kg PO BID is recommended. Elective anesthesia is not advised until cardiology consult. If referral is not possible, serial sonographic monitoring is advised for further assessment and prognosis with recheck echo suggested in 4-6 months or sooner if clinical signs are consistent with right heart failure arise.



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



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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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