

PATIENT

Joni Schock

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Spayed Female

AGE

12 Years

WEIGHT

78 pounds

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Came in for exam and Patient mass on her R shoulder. Owner believes it has gotten bigger. Right lateral shoulder 8-9 inch semi-soft very warm smooth dermal mass. Non painful. Many nearby soft mobile 1-2 inch SQ masses in axillary regions. Right caudal inguinal 1 inch firm smooth SQ mass. Ambulatory x 4 with no evidence of lameness, joint effusion, or muscle atrophy. Decreased ROM hips. Left basilar 3-4/6 murmur. No arrhythmia. Femoral pulses strong and synchronous. Dental grade 2/4 with moderate tartar, minor gingivitis, no gingival recession. All peripheral lymph nodes are small, soft, and symmetric Large RF mass which has grown from 2 inches to almost 1 foot in a year is most concerning - suspect soft tissue sarcoma vs other. Right inguinal firm mass second most concerning due to hard texture. Other masses suspected to be lipomas due to soft mobile unchanging nature

HR/RR/BP: HR-160.00/1 min, RR-unable to perform, BP-not performed

Is there a Heart Murmur? If so, please grade: Left basilar 3-4/6 murmur

Radiographic Findings: VHS 10.5 with minor tracheal elevation. No regional cardiomegaly appreciated. Few small regions of calcification/end on vessels noted, no metastasis seen. Stomach full with cloth-appearing material. Per owner patient ingested a full rawhide this morning. No clinical signs of discomfort.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Echo Hollow Vet
Hospital

REFERRING VET

Dr. Sweitzer

INVOICE

14805

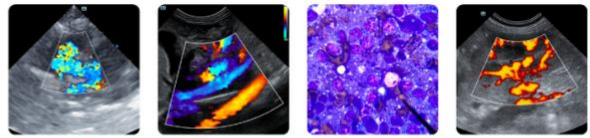
DATE

04/02/26

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	--	--	0.86	1.45	30.26	--	NM
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	1.22	0.92	35.45	4.7	3.8	2.65

Cardiac Presentation

The mitral valve leaflets are normal and there is no mitral regurgitation. There is no prolapse of the mitral valve leaflets. The left atrial size is normal. Left ventricular systolic and diastolic function is within normal limits. 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



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evaluation. The right ventricle subjectively appears normal in structure and function. The aortic and pulmonic valves have normal morphology and the corresponding outflow velocities are within normal limits. There is no evidence of pulmonic or aortic insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ECG

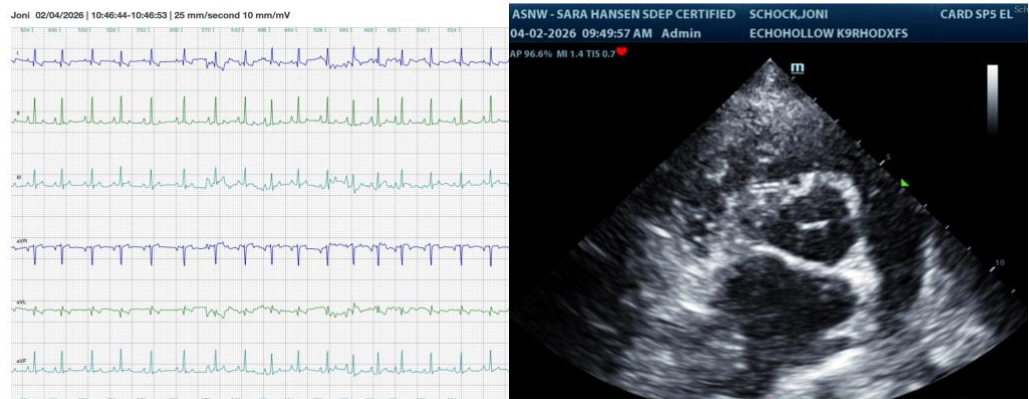
Sinus rhythm.

ULTRASONOGRAPHIC FINDINGS

- Structurally normal heart.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient's heart is structurally normal. The cause of the murmur is not identified. I recommend ensuring the blood pressure is normal. For anesthetic purposes, to be cautious, I would encourage avoiding alpha-2 agonists and ketamine. Given the breed and the location of the murmur, the murmur is likely innocent in nature. However, if the murmur is reaching closer to a 4 or higher, re-evaluation in 6-12 months is recommended. If the murmur continues to be anywhere from a grade 1 to a grade 3, then likely still innocent versus physiologic in nature.



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.

Sara Brethel DVM, DACVIM (Cardiology)

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