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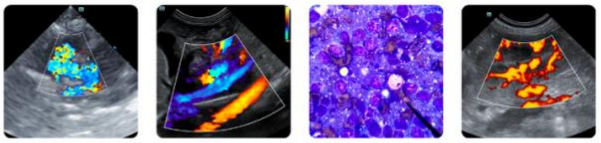

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Fergie Shah

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Intact Female

AGE

10 Months

WEIGHT

2.88 pounds

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Orchard Animal Hospital

REFERRING VET

Dr. Nelson

INVOICE

14894

DATE

04/06/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Radiographs show enlarged heart, O concerned due to other dog passing away from cardiac disease. For ECHO Only: Blood Pressure: 138/62 (98) HR/RR/BP: HR 101, RR 50, BP 138/62 (98) Current Medications: Cerenia 10mg/ml 0.13ml

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	--	1.22	1.38	33.5	--	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	0.83	0.77	1.31	1.74	2.0	1.33

Cardiac Presentation

The mitral valve leaflets have normal thickness, however there is mild centrally directed mitral regurgitation. There is no prolapse of the mitral valve leaflets. Left atrial size is normal. There does appear to be left ventricular eccentric hypertrophy. Systolic function is low normal in the face of mitral regurgitation. There is normal right atrial size without evidence of tricuspid regurgitation. No prolapse of tricuspid valve leaflets. No evidence of pulmonary hypertension based upon the images provided. Subjectively, the right ventricle appears normal in structure and function. Aortic and pulmonic valves have normal morphology. Corresponding outflow velocities are normal. No evidence of pulmonic or aortic insufficiency. The aorta, pulmonary artery, and associated branches are normal. No evidence of pleural effusion, pericardial effusion, or intracardiac masses. Other congenital defects such as an ASD versus PDA cannot be ruled out.

ULTRASONOGRAPHIC FINDINGS

- Left ventricular eccentric hypertrophy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has mild dilation of the left ventricle, and the cause is unknown based upon the images provided. Given the patient's age, I am concerned about an underlying congenital defect. PDA cannot be entirely ruled out. Given the patient's age and the eccentric hypertrophy, a congenital defect is

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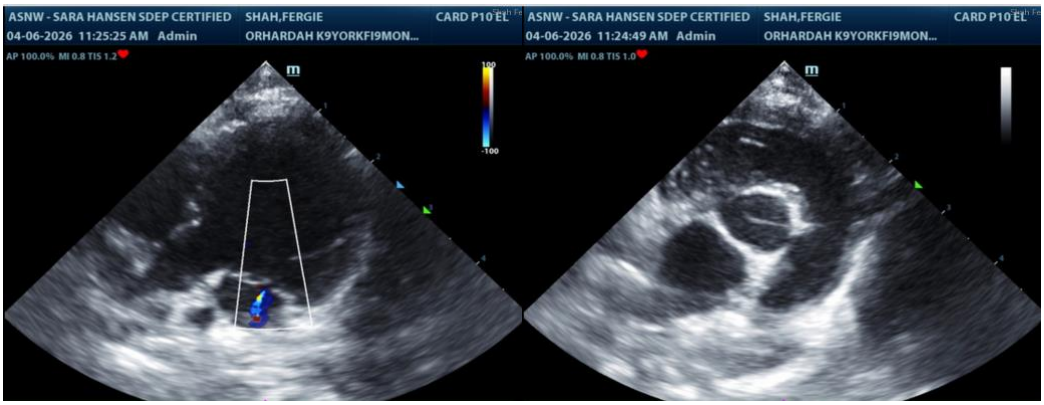
prioritized, especially if there is no history of previous infections such as parvovirus.

I would encourage following up with a veterinary cardiologist for further evaluation to ensure other defects are not identified. Other diagnostics that may be needed at this referral may include an agitated saline contrast study, (a bubble study) to identify any underlying shunts that can't be visualized based off of color doppler.

If not moving forward with referral, I would recommend a recheck echo in two to three months for further evaluation, prioritizing color doppler over the regions of the PDA, atrial septum, and ventricular septum.



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)

info@SonoPath.com