

PATIENT

Rocky Hall

SPECIES

Canine

BREED

English Bulldog

SEX

Intact Male

AGE

11 Years 7 Months

WEIGHT

58 pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Midway Animal Clinic

REFERRING VET

Dr. Lakey

INVOICE

14930

DATE

04/07/26

PRESENTING CLINICAL SIGNS

P presented for echo due to stertor and stridor. concern for heart/lung dz. P has history of enlarged mandibular lymph nodes

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	5.13	2.22	1.36	1.4	--	--	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	2.24	1.67	26.36	3.95	4.2	--

Heart Base mass: 3.58 cm x 3.86 cm

Cardiac Presentation

The mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is **no** prolapse of the mitral valve leaflet. The left atrial size is normal. Left ventricular internal dimensions during diastole are within normal limits and systolic function is preserved in the face of mitral regurgitation. There is normal right atrial size with mild tricuspid regurgitation. There is **no** prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension based upon tricuspid regurgitant velocities. 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 or pericardial effusion. There does appear to be a heart based tumor present.

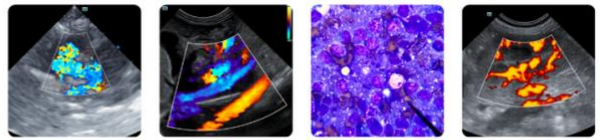
ECG

Sinus rhythm with tall T waves.

ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease ACVIM stage B1 mitral and tricuspid.
- Heart base mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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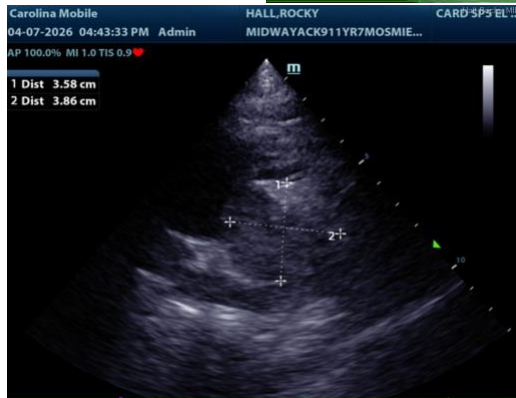
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The patient has degenerative valve disease. No cardiac therapies are recommended at this time. The left atrium is within normal limits. There does appear to be a heart base mass with differentials include thyroid carcinoma, thymoma, chemodectoma, lymphoma. Other non-neoplastic lesions, given the patient's age and signalment are considered less likely. The cause of the prominent T waves for the patient's ECG rhythm is not known. Recommend ensuring full blood work is normal. This may also be related to positioning of the patient, if the patient is not in right lateral recumbency. If the patient is to undergo anesthesia, the patient appears to be an adequate candidate. Standard perioperative fluid rates should be well-tolerated. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. Anticholinergics can be used in the case of a clinically significant bradyarrhythmia (i.e., bradycardia with concurrent hypotension). If the patient is on an ACEi, recommend not giving this therapy the day of anesthesia. Given the clinical status of the patient, can also consider referral for CT scan and oncology evaluation.

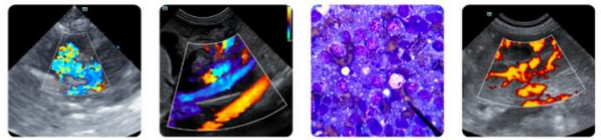


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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