



PATIENT

Zula Hart

SPECIES

Canine

BREED

Mixed Breed

SEX

Spayed Female

AGE

8 Years

WEIGHT

62 Pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Haley Harasimowicz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Kristen Guldbach

INVOICE

37313

DATE

6/3/26

PRESENTING CLINICAL SIGNS

History: was presenting for dental cleaning on 5/21/26. On pre surgical exam Grade III/VI systolic murmur loudest on left side auscultated. Hx of heart murmur from previous vet (heard once 5/14/24) but never heard at our practice before. In June 2024 had CT with vet in Florida after incidental finding of abnormality in lung lobe. CT showed piece evantrated diaphragm with segment of R liver in the diaphragm (still in abdomen) but no tear in the diaphragm. Incidental, non-clinical, likely congenital malformation of diaphragm, not strangulated liver, appears healthy, no correction required. Recent blood work WNL, recommended because of hx of murmur and congenital abnormality that echo should be done before sedation.

Abnormal PE/Chem/CBC/UA Results: MM pink with CRT < 1 Grade 3/6 systolic murmur heard today - most notable over the left apex. Normal synchronous pulses.

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	1.33	50	NM	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	~1.0	~1.0	28.18	3.9	3.8	1.9

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 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.



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ULTRASONOGRAPHIC FINDINGS

- Structurally normal heart

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The heart is structurally normal based upon the images provided. The cause of the murmur is likely innocent versus physiologic. Can consider a recheck echo in one year. Alternatively, you can perform a proBNP. If a proBNP becomes elevated, then a recheck echo would be indicated at that time.



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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