



PATIENT

Teo Rodriguez

SPECIES

Canine

BREED

Mix Breed

SEX

Neutered Male

AGE

7

WEIGHT

74.8

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

IMAGING PERFORMED BY

Dr. Sharkawy

HOSPITAL NAME

Union Vet Animal
Hospital

REFERRING VET

Dr. Nader

INVOICE

14858

DATE

04/03/26

PRESENTING CLINICAL SIGNS

Panting for 3 days

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (m-mode long axis)	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	N/A	N/A	NM	1.2	39	NM	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	NM	NM	0.9	34	3.7	3.6	2.2

Cardiac Presentation

The **left atrium** is of normal size with no evidence of spontaneous echo contrast or thrombus formation. The **left ventricle** is normal in diameter with normal wall thickness and demonstrates good systolic function. The **right atrium** is subjectively of normal size and **right ventricular** dimensions, and systolic function are subjectively normal. The **mitral** and **tricuspid valves** both exhibit normal appearance and function, and no vegetative lesions were seen. The **aortic** and **pulmonary valves** both exhibit normal appearance and function, with normal flow velocity in the left ventricular and right ventricular outflow tracts. The **main pulmonary artery** appears normal. There was no evidence of a shunting lesion, such as an ASD, VSD or PDA. There is no evidence of pulmonary hypertension. No pericardial/pleural effusion or cardiac masses are seen. There is no evidence of an arrhythmia.

ULTRASONOGRAPHIC FINDINGS

Unremarkable canine heart – physiologic or “flow” murmur suspected.



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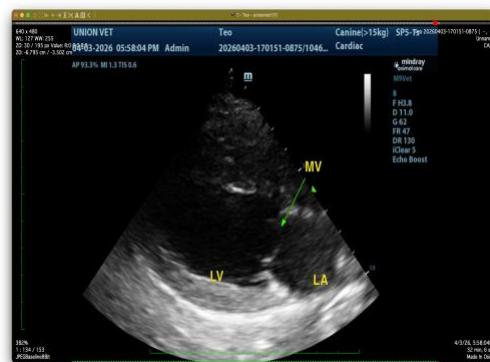
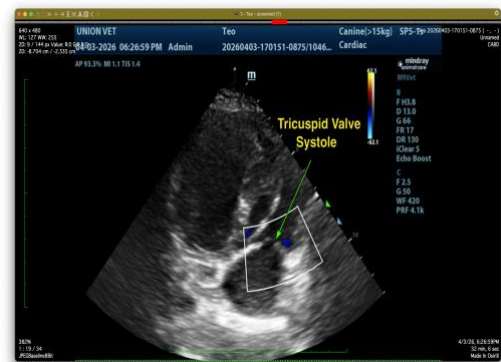
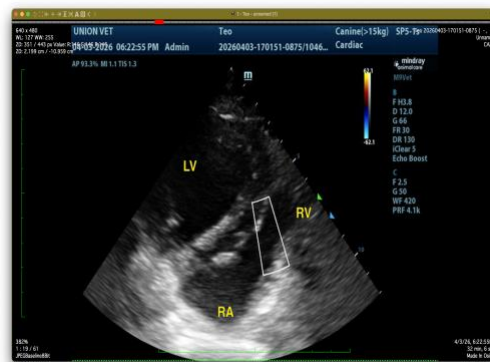
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- There is no evidence of left-sided cardiac disease that might cause pulmonary edema, nor evidence of pulmonary hypertension. There are no B-lines present, as might be expected with significant pulmonary edema (whether cardiogenic or non-cardiogenic). A primary respiratory cause is suspected for the dogs panting, or possibly a non-respiratory cause such as pain, cognitive dysfunction, or hyperadrenocorticism.
- While Doppler settings and interrogation did not permit complete assessment of the heart valves, a physiologically significant valvular lesion is highly unlikely, given the normal chamber sizes and flow velocities.
- No cardiac medication is warranted at this time and there are no cardiac contraindications to anesthesia at this time if needed.
- This patient could still develop acquired cardiac disease in the future, as any dog might. Thus, if the patient develops a heart murmur of Grade 3/6 or greater, or if new symptoms such as syncope or coughing develop, then a recheck echocardiogram would be recommended.





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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.

Tam Mengine, DVM, DABVP (canine/feline practice)

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