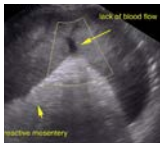
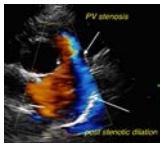
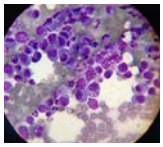
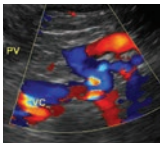
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Rottweiler 05 Alexander

SPECIES
Canine

BREED
Rottweilert

SEX
Male

AGE
10 Weeks

WEIGHT
14 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Gabriel

HOSPITAL NAME
Central Jersey VH

REFERRING VET
Dr. Gabriel

INVOICE
42568

DATE
11/5/22

PRESENTING CLINICAL SIGNS

grade 3 heart murmur he is puppy from breeder and would like to know if this puppy fir for sale no coughing or sneezing eating and drinking normal
Abnormal PE/Chem/CBC/UA Results: grade 3 heart murmur

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			1.17	1.15	48	81	NM
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (kg)	**LA** 2D short axis Base view (cm)	**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	BELOW	BELOW	BELOW	BELOW
PATIENT		2.0	1.3		2.0	2.58	

Cardiac Presentation

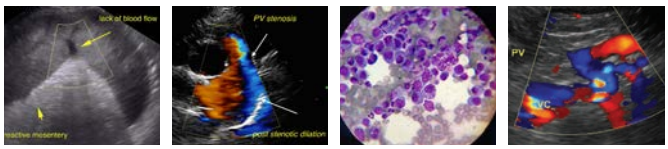
The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. Turbulence was noted at the **left ventricular outflow tract**. However, color flow assessment was somewhat nebulous. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Largely normal echocardiogram

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiogram in this patient was largely normal. However, I cannot clear this patient as fit for sale, as the exact cause of the heart murmur is unclear. Globally, the heart appears unremarkable. However, some acoustic interference was present, primarily in the left ventricular outflow tract. LVOT velocity of 2.0 may be underestimated. Further doppler assessment of the left ventricular outflow tract



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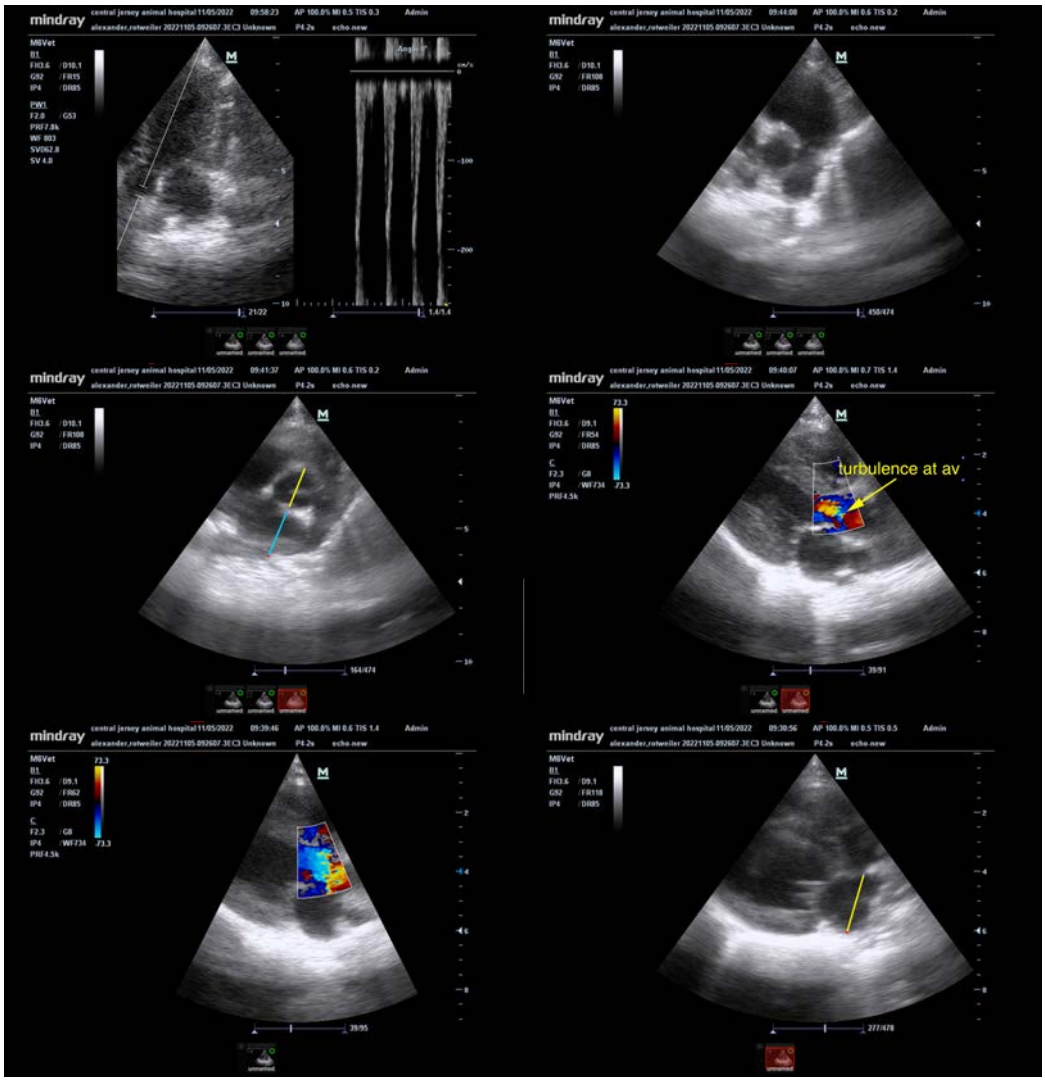
recommended. I cannot rule out a small VSD or possible minor form of subaortic stenosis. Recommend allowing this patient to grow into approximately 3 months of age and perform further imaging, possibly under sedation. However, globally the heart appears unremarkable, and this may be a flow murmur or very minor form of subaortic stenosis, as the left ventricular outflow tract appears slightly elevated, yet this may be idiopathic. I cannot rule out a small congenital defect, which may be more evidenced in later growth phase of this patient.



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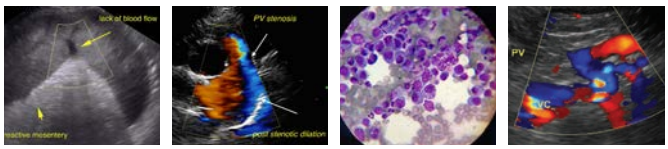

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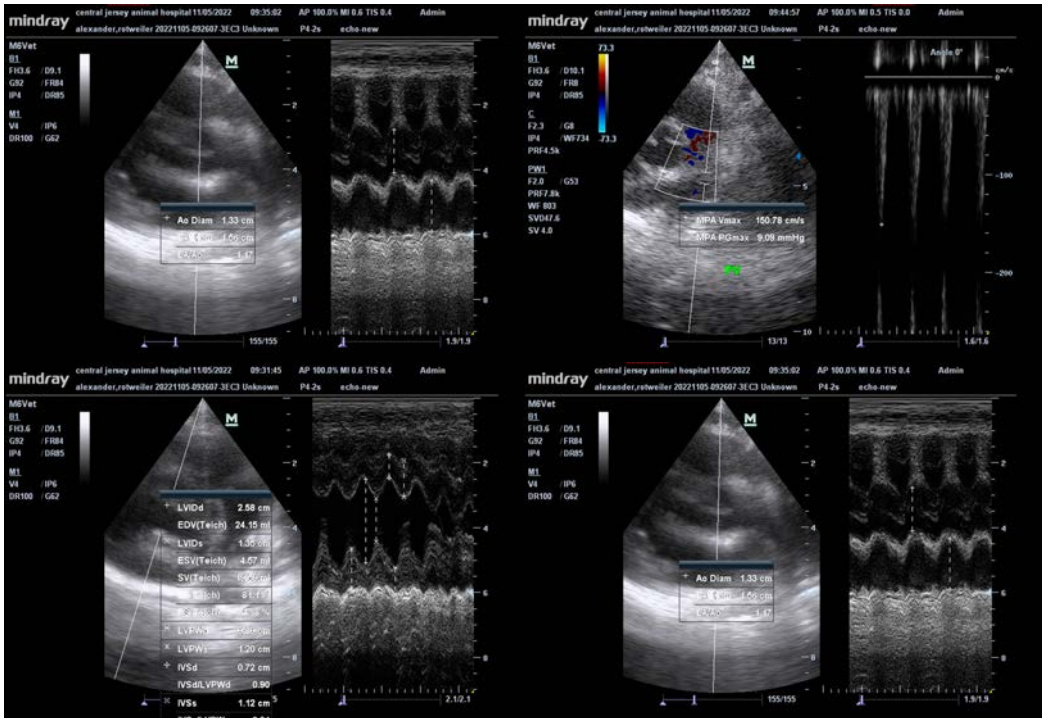

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com