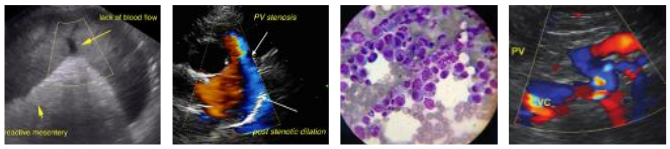
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Rottweiler Alex

SPECIES

Canine

BREED

Rottweiler

SEX

Male

AGE

12 Weeks

WEIGHT

36 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Gabriel

HOSPITAL NAME

Central Jersey AH

REFERRING VET

Gabriel

INVOICE

14380

DATE

3/19/22

PRESENTING CLINICAL SIGNS

History: initial exam 3 weeks ago there was grade 3 heart murmur, today no heart murmur was noticed, 2 of the litter mates died suddenly, doing good at home, no v/d/c/s owner is breeder and would like to know if he can sell this puppy and if he can still breeder the parents anymore and if this possible congenital heart disease, can we genetically test the parents

Abnormal PE/Chem/CBC/UA Results: no heart murmur heard today.

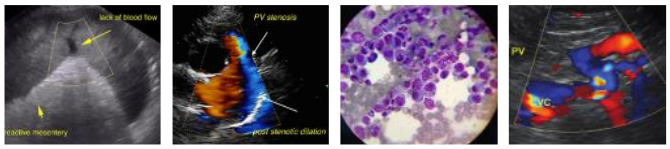
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	--	--	1.15	1.2	32	--	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	--	1.50	1.70	--	2.5	3.7	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Trivial mitral insufficiency appeared to be present. 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. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. 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. Subjectively, the pulmonic valve appeared to be thickened. Color flow evaluation of the pulmonic outflow appeared to have turbulence, however, the spectral doppler readings presented lung interference. 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



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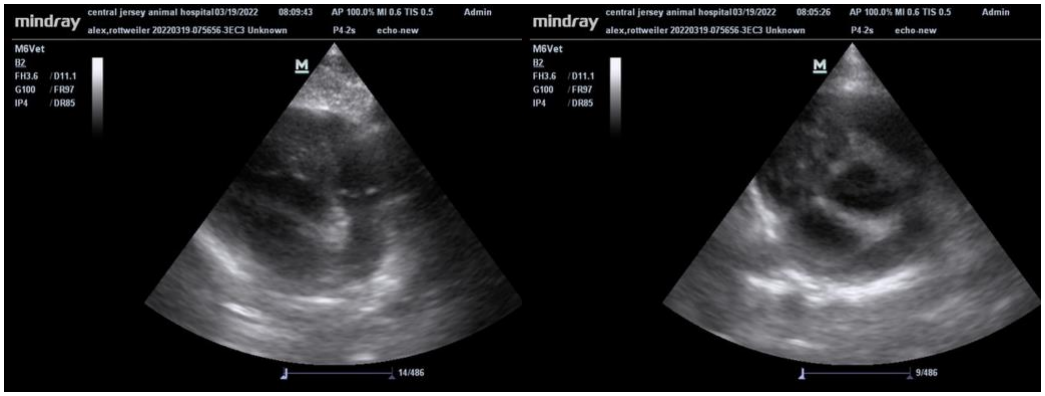
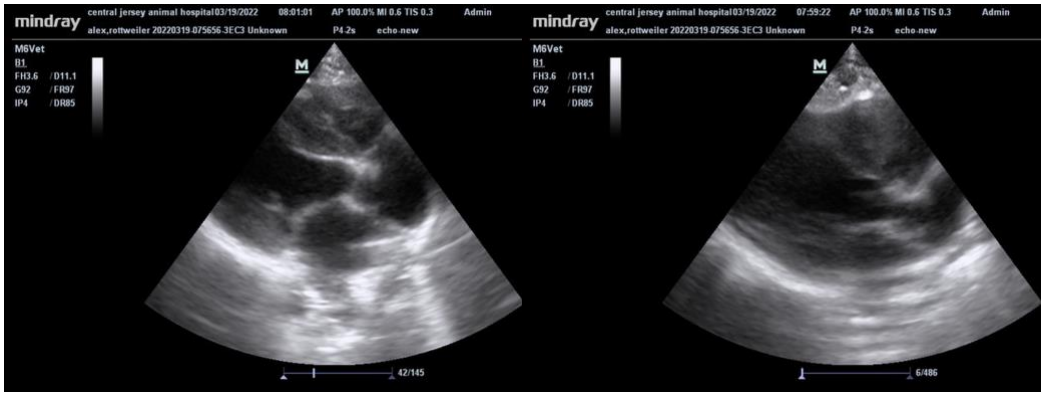
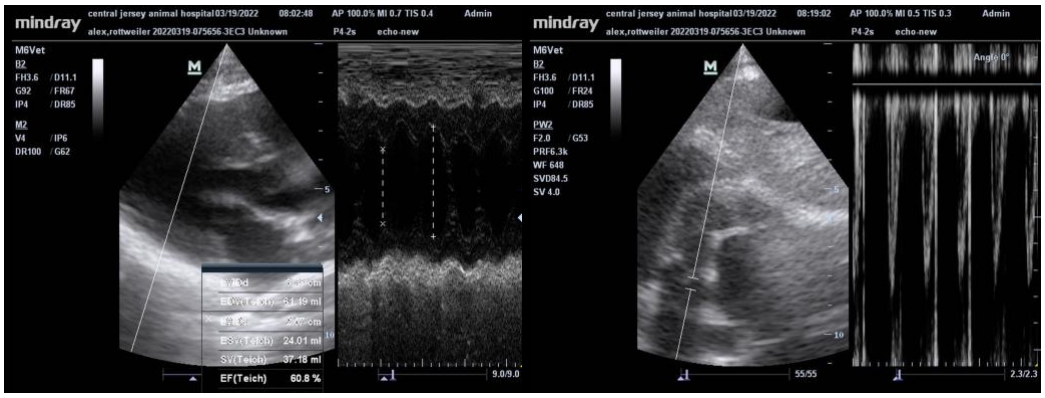
- Structurally unremarkable heart with further definition of the pulmonic outflow necessary
- Trivial mitral insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No large defect noted in this patient. No volume overload or significant disease at this point. Possible flow murmur versus other congenital lesion. Further interrogation of the pulmonic valve and the deep pulmonary artery warranted to rule out PDA, though not suspected. Further interrogation of the ventricular septum recommended under sedation to rule out small VSD. The remainder of the congenital lesions have largely been ruled out.







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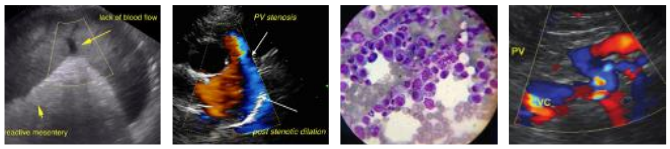

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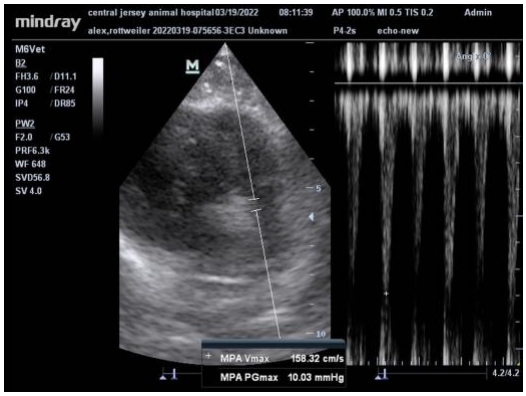

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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