

PATIENT PRESENTING CLINICAL SIGNS

Bexie Slisko grade 1 murmur, no other concerns, requires anesthetic for mass removal
Abnormal PE/Chem/CBC/UA Results: HR 100, RR 24

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Boxer

SEX

Spayed Female

AGE

10 Years

WEIGHT

37 kg

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				1.4	37.7	68.2	0.28
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				
PATIENT	157	1.7	1.26		3.8	4.0	

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. 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. **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. No overt evidence of arrhythmogenic activity.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function without evidence of systolic dysfunction or arrhythmogenic disease. A definitive cause of the low-grade murmur was not definitively evident. Assuming no evidence of volume changes such as dehydration or anemia, potential for physiologic flow murmur possibly noted at elevated heart rate, or small flow abnormality not seen here are possible.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Yates Vet Hospital

REFERRING VET

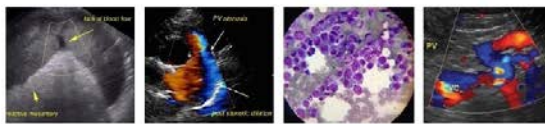
Dr. Krizmanich

INVOICE

34110

DATE

1/11/22



PATIENT

Bexie Slisko

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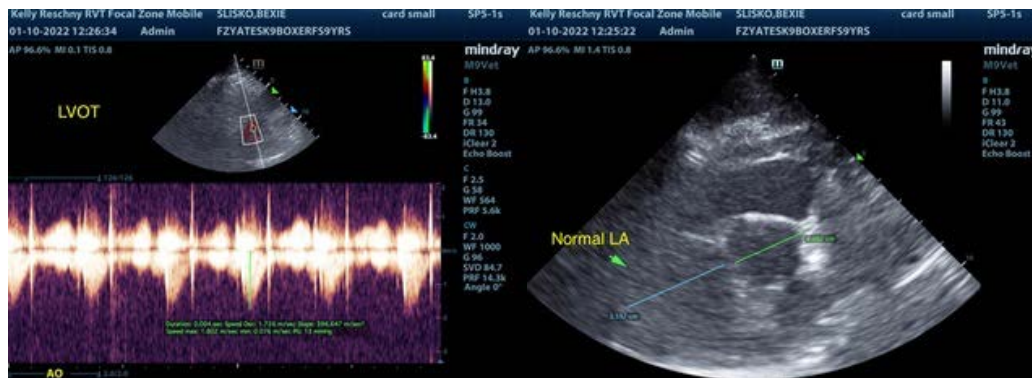
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Regardless, the normal cardiac presentation indicates that the risk of complication is low. Assuming no evidence of arrhythmogenic disease and in light of breed, no overt anesthetic contraindications. No indication for cardiac medications. Recheck echocardiogram suggested if persistent/progressive murmur, or if clinical signs suggestive of heart disease initiate. Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.



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.

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