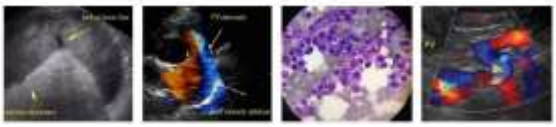


PATIENT

Ryder Galbraith

SPECIES

Canine

BREED

Standard Poodle

SEX

MN

AGE

9 years

WEIGHT

23.4 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Buck AH

REFERRING VET

Dr. Galbraith

INVOICE

13047

DATE

1/12/22

PRESENTING CLINICAL SIGNS

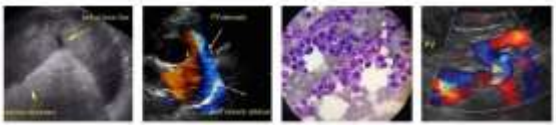
Slowing down visibly in the last 6 months.HR 80, RR 12. Grade 2/6 heart murmur. No meds currently.
Abnormal PE/Chem/CBC/UA Results: Bloodwork and urinalysis unremarkable.

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	5.6	1.0	--	1.1	44.4	79.1	0.1
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	149	1.7	1.3		3.9	3.6	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. 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 or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** 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. No echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.



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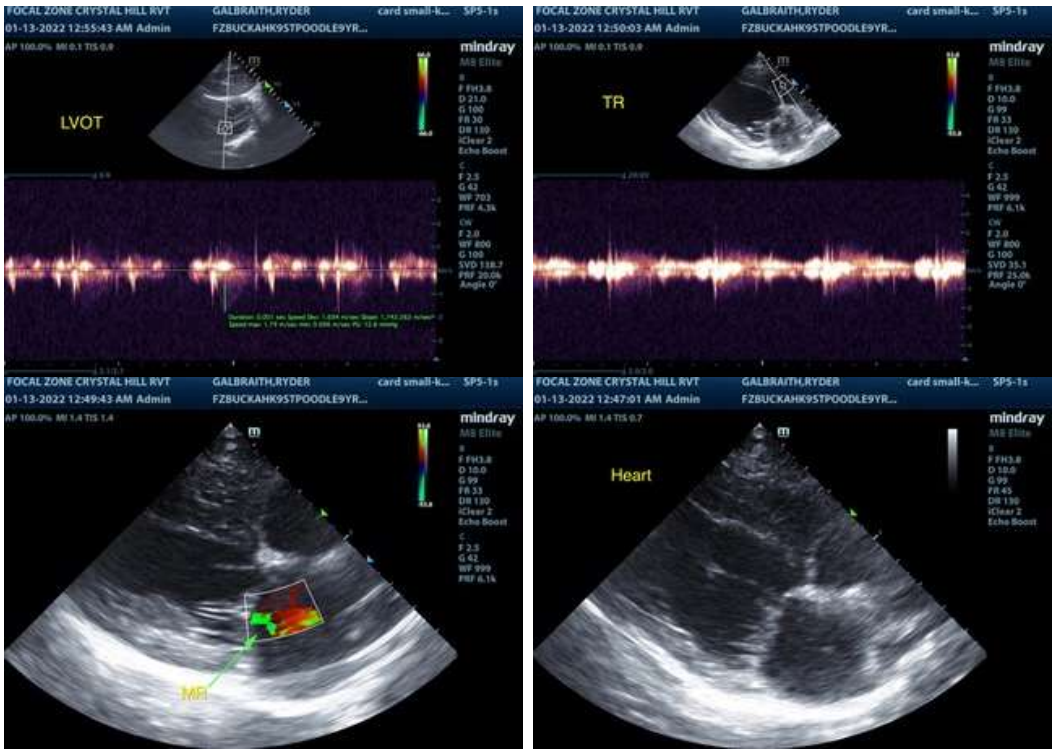
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Chronic mitral valve disease (ACVIM B1)
- Mild eccentric mitral valve insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is most consistent with mild chronic degenerative valvular changes with secondary mild mitral valve insufficiency. No other clinical issues such as systolic dysfunction of evidence of clinical pulmonary hypertension were present. The lack of left atrium enlargement or left ventricle enlargement indicates for potential complication associated with mitral valve insufficiency is low at this time. No clinical signs associated with cardiac disease are anticipated. In a nonclinical patient without evidence of significant left chamber enlargement, cardiac medications are not indicated. Continued monitoring of the murmur at this time would be appropriate. An obvious cardiogenic cause of the patient's clinical signs was not evident. Recheck echocardiogram Is suggested In 6 months, sooner if clinical signs suggestive of heart disease arise.



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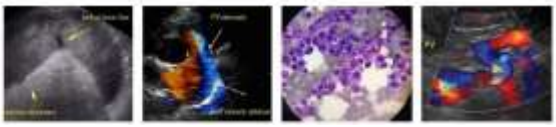

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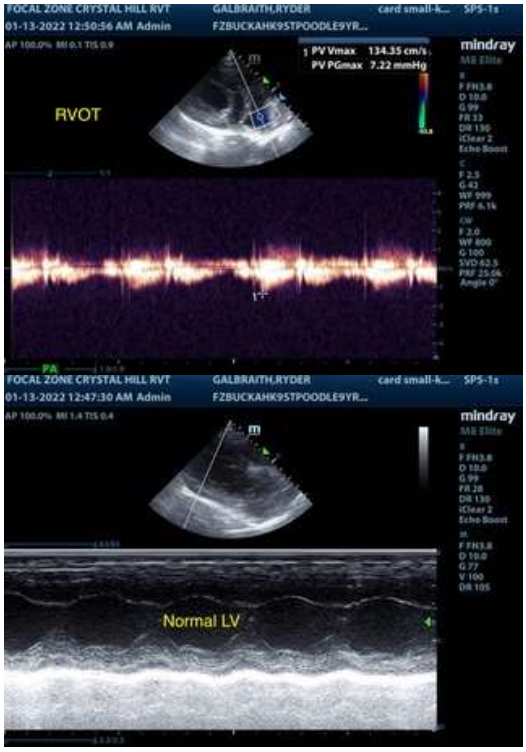

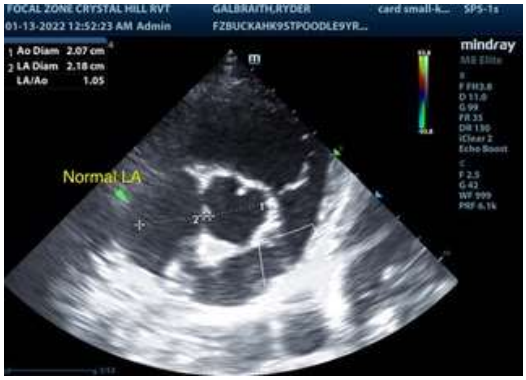

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com