


**PATIENT**

Diesel Foster

**PRESENTING CLINICAL SIGNS**

 New grade 2/6 heart murmur noted. On grain free diet. No meds.  
 Abnormal PE/Chem/CBC/UA Results: Creatinine 193, SDMA 13.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**
**BREED**

Shep X

**SEX**

MN

**AGE**

10 years

**WEIGHT**

40.9 kg

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
<b>CARDIAC PARAMETERS</b>	<b>VMAX</b> (m/s)	<b>VMAX</b> (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>			--	1.0	50	85	0.3
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
<b>CARDIAC PARAMETERS</b>	(BPM)	<b>VMAX</b> (m/s)	<b>MAX</b> (m/s)	(kg)	2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
<b>PATIENT</b>	NM	1.3	0.83		3.9	4.0	

**INTERPRETED BY**

 R. McKenzie Daniel,  
 DVM, DABVP

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Southside AC

**REFERRING VET**

Dr. Kennedy

**INVOICE**

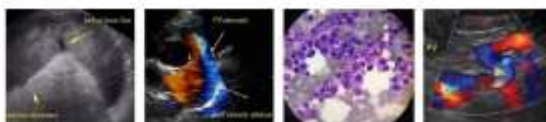
13052

**DATE**

1/13/22

**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. Minor insufficiency was present on color doppler assessment. 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.



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**ULTRASONOGRAPHIC FINDINGS**

Diesel Foster

**Primary Findings**

- Overtly normal cardiac structure and function
- Minor MR

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant structural or functional cardiomyopathy, as well as no evidence of DCM-like criteria. Minor MR is present yet suspected to be inaudible. No overt evidence of significant valvular Insufficiencies, stenotic disease, systolic dysfunction, or evidence of clinical pulmonary hypertension. A definitive cause of the murmur was not overtly evident. Assuming no evidence of volume changes i.e., dehydration or anemia, considerations may include benign physiologic flow murmur or potential small flow abnormality no visualized here. Regardless, the overall normal cardiac presentation indicates that any potential risk associated with the murmur is low. No indication for cardiac medications was evident. Switching to a traditional diet is recommended. Conservative monitoring of the murmur would be appropriate at this time with recheck echocardiogram suggested in 6 months, sooner if clinical signs suggestive of heart disease arise or if murmur intensity progresses.

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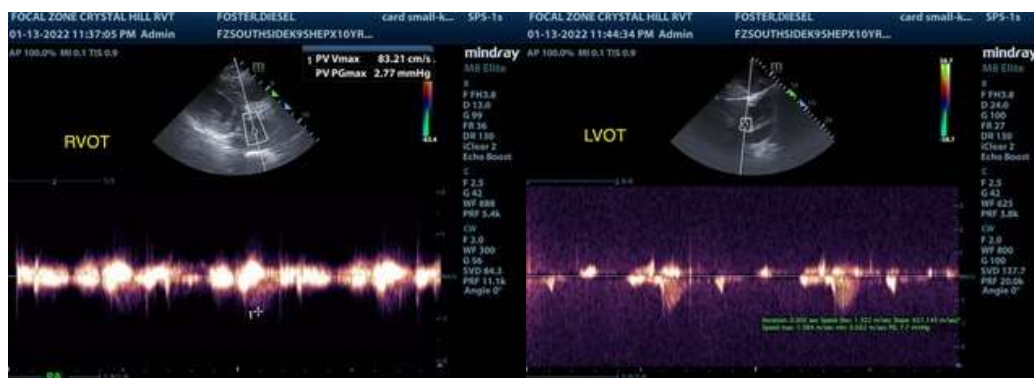
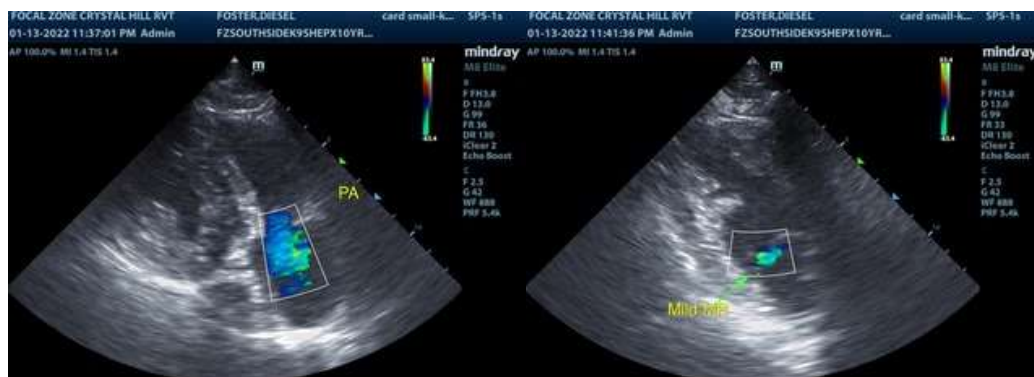
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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