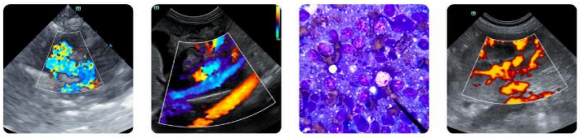

PATIENT
Dunkin Faber

SPECIES
Canine

BREED
Boxer

SEX
F

AGE
7 yrs

WEIGHT
102 lbs.

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

IMAGING PERFORMED BY
Kerri Becker

HOSPITAL NAME
Glenrock VH

REFERRING VET
Dr. Stekler

INVOICE
10553

DATE
1/15/26

PRESENTING CLINICAL SIGNS

Heard arrhythmia during exam, possible A. Fib

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	-	-	-	1.3	10	20	0.74
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (lbs)	**LAD** LA MAX 4 Chamber	**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	NM	1.8	1.2	102	4.3	4.8	-

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 2 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. No obvious significant MR on Doppler. The **left ventricle** presented thicknesses with linear contour and mild increased LV dimesion. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was subnormal as evidenced by the fractional shortening measurement. The **left ventricular outflow** tract demonstrated subjective normal laminar flow and normal structural integrity. Normal measured LVOT velocity was noted. 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. No overt significant TR on Doppler. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed subjective normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). Normal measured RVOT velocity was noted. 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. Arrhythmia was noted.

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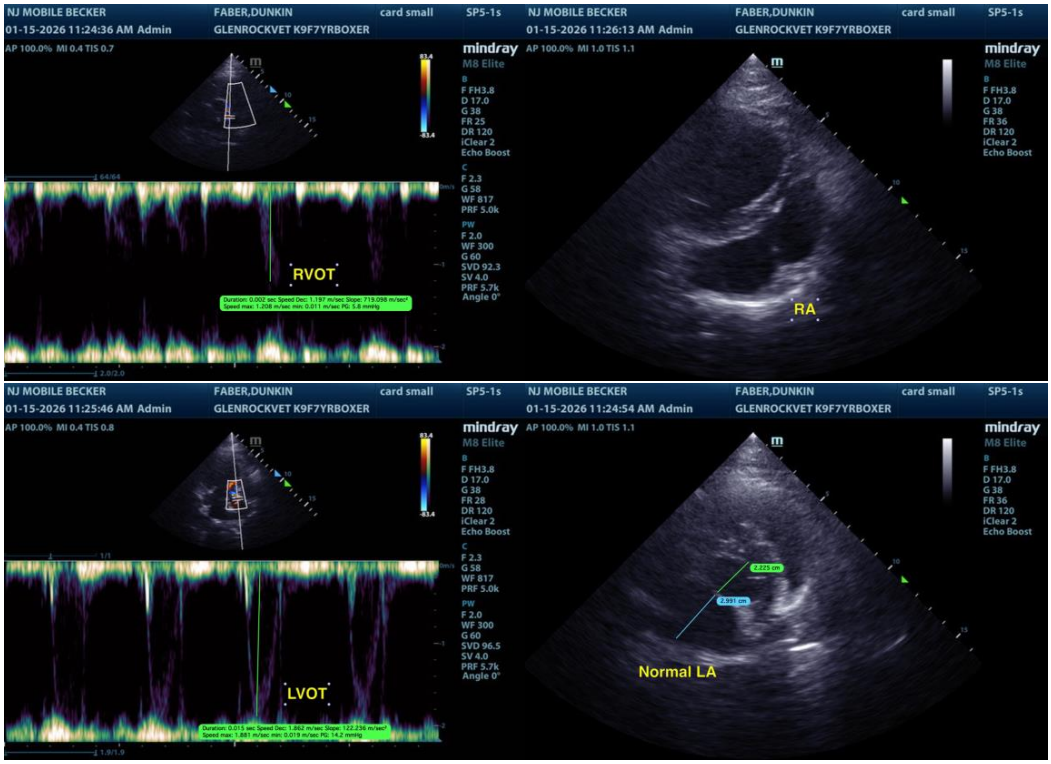
ULTRASONOGRAPHIC FINDINGS

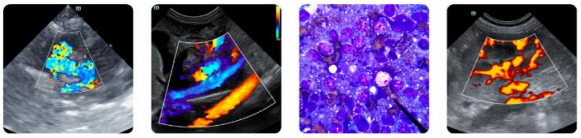
- Unclassified arrhythmia
- Normal LA
- Mild left ventricular enlargement with LV hypocontractility
- Normal RA / RV

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The arrhythmia may contribute to both left and right-sided congestion and as a contributing factor to the LV hypocontractility, yet overall, at this stage, the heart appears to be stable. DCM criteria were not definitively met at this stage. Further assessment via ECT or Holter Monitor with probable rate control therapy, i.e., Sotalol, if evidence of arrhythmogenic right ventricular cardiomyopathy, vs. Diltiazem, if evidence of primary atrial fibrillation, and as-needed clinical and sonographic monitoring for evidence of progressive structural cardiomyopathy, is recommended.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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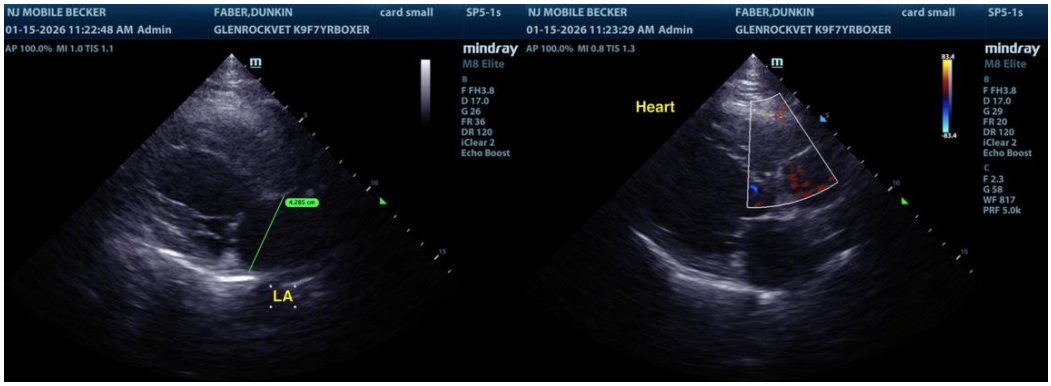

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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