



PATIENT

Tucker Murphy

SPECIES

Canine

BREED

Golden

SEX

Male Neutered

AGE

9

WEIGHT

77

INTERPRETED BY

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

IMAGING PERFORMED BY

Michele Pfannenstiel

HOSPITAL NAME

Mill Brook AC - VBF

REFERRING VET

Michele Pfannenstiel

INVOICE

13089

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: Pt presented for a cutaneous lump on r carpus. Prior hx of murmur and stage B1 (echo is from 10/27/23 with you all)

Abnormal PE/Chem/CBC/UA Results: Lump on carpus is out for cytology. NSF on CBC/Chem hyposthenuric. O declined AUS

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	--	--	--	1.45	35	67	0.4
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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	--	1.0	77	4.2	4.3	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 2 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented mild thickening consistent with mild degenerative changes/endocardiosis. Doppler indicated assessment of the mitral valve was not utilized. 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 cardiac / pericardial tumors was visible.



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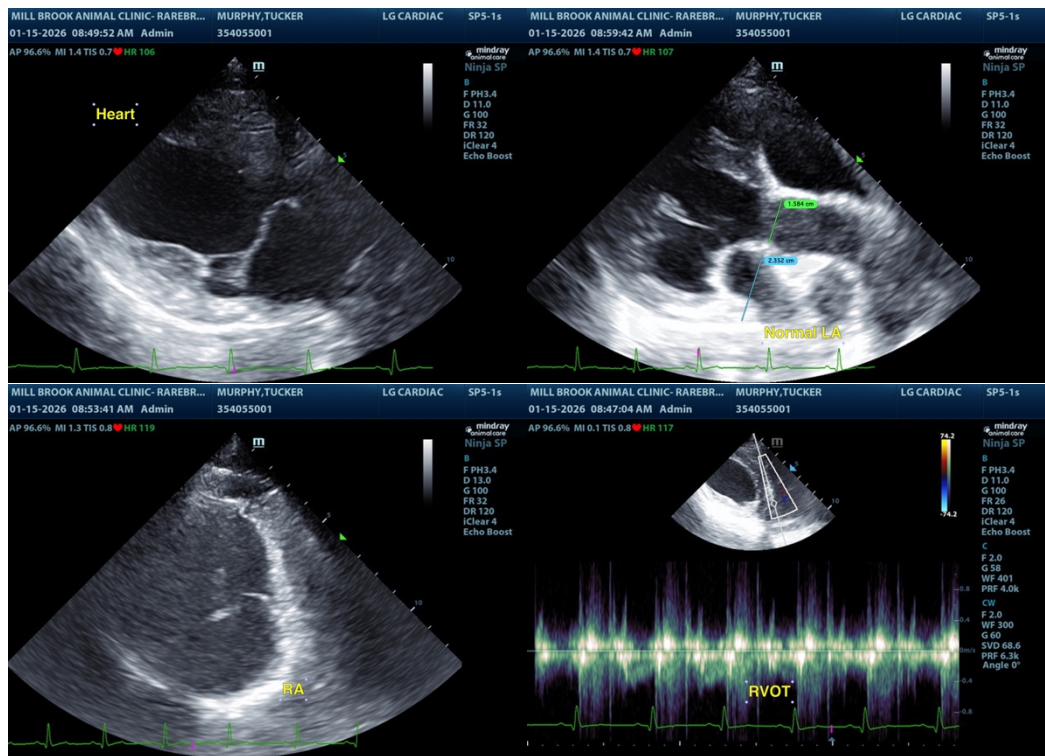
1/15/26

ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure/function

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No clinical issues such as left or right heart chamber enlargement, LV systolic dysfunction, arrhythmia or evidence of clinical pulmonary hypertension. The mildly thickened mitral leaflets suggestive of previously noted mitral valve insufficiency, although not definitively evident on this exam. Regardless, the lack of LA enlargement indicates the current and future risk of complications is low. No indication for cardiac medications. Sonographic monitoring if recurrent or persistent heart murmur with initial recheck in 6-12 months is recommended. No anesthetic contraindications. If required, the following protocol is suggested. 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/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.



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info@sonopath.com

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