



PATIENT

Harley Resch

PRESENTING CLINICAL SIGNS

Grade II-III/VI right diastolic murmur. R/O Cardiogenic hypertension. Current meds: Enalapril 10mg 1.5 tabs sid, Furosemide 40mg bid, Torbutol for u/s.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Boxer Mix

SEX

F

AGE

5 Years

WEIGHT

72.2 lbs

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			NM	1.3	34.2	66.7	0.3
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (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)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	120	1.55	1.0		4.0	3.8	

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

North Warren A.H.

REFERRING VET

Dr. Corrado

INVOICE

49712

DATE

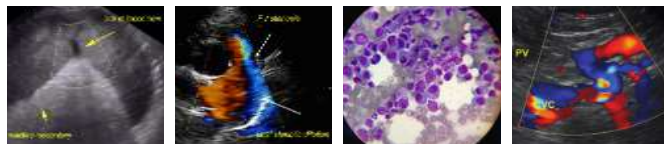
1-21-22

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. Mild MR 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. No TR present on Color Doppler assessment. 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 evidence of arrhythmogenic disease.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function.
- Mild MR



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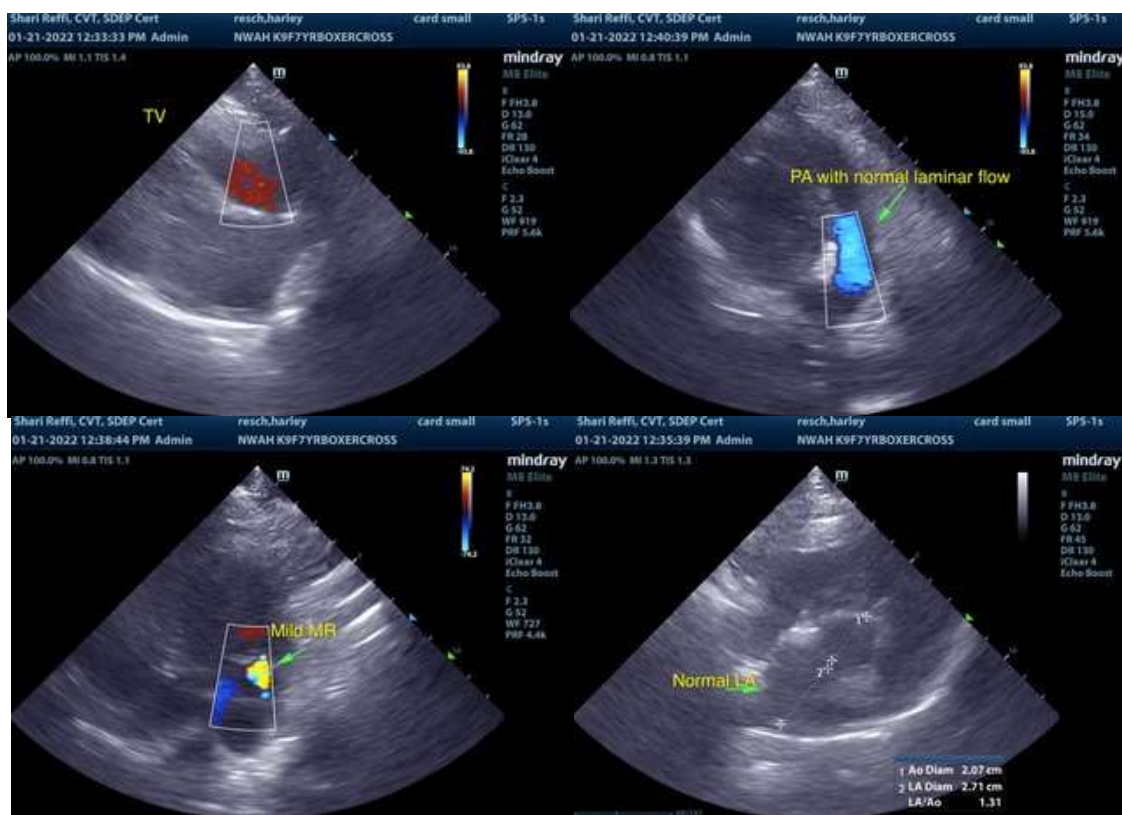
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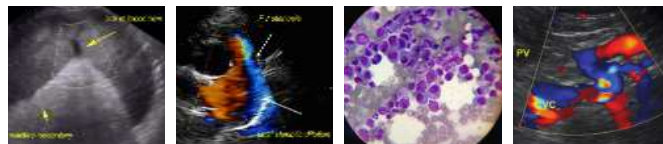
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy including no evidence of systolic dysfunction, stenotic disease, significant valvular insufficiency, or evidence of clinical pulmonary hypertension were present. Mild MR was noted yet of questionable audibility. Assuming no evidence of volume changes i.e., hydration or anemia, potential for benign flow murmur or small flow abnormality not visualized in this study are also possible. Regardless, the normal overall cardiac presentation without evidence of left or right heart chamber enlargement indicate that the risk associated with the nonspecific murmur is low. No indication for cardiac medications. Conservative monitoring of the murmur at this stage would be appropriate. Recheck echocardiogram suggested in 6 months, sooner if clinical signs consistent with heart disease arise or if murmur intensity progresses.





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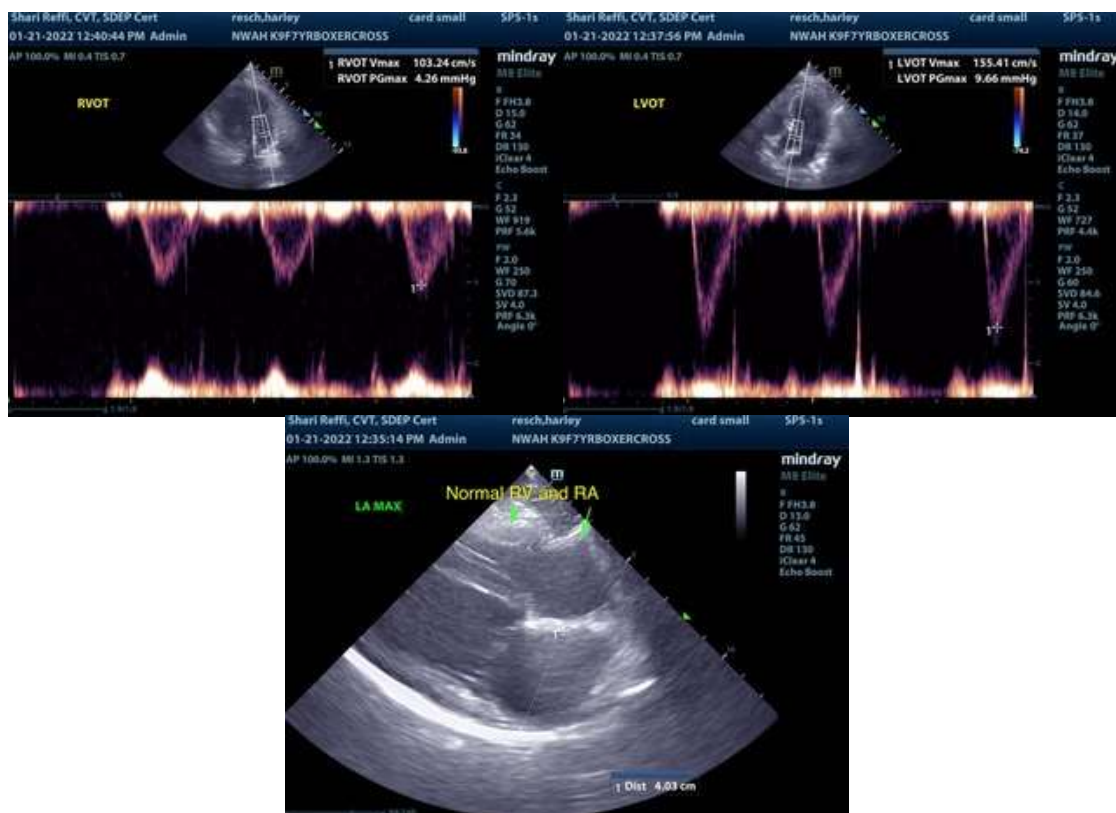
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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