

## PATIENT

Pard Kinghorn

## SPECIES

Canine

## BREED

Catahoula Mix

## SEX

Neutered Male

## AGE

5 Years

## WEIGHT

51

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Nicole Gotfredson CVT

## HOSPITAL NAME

Buffalo Veterinary  
Center

## REFERRING VET

Dr. Bessler

## INVOICE

13387

## DATE

01/23/26

## PRESENTING CLINICAL SIGNS

- Routine wellness yesterday and found a grade 3 heart murmur. No clinical signs. Heart worm negative

## 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	--	--	NM	1.3	44	76	0.2
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	2.0	>2.0	51.0	2.8	3.0	--

## Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** dimension 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 overt MR on doppler. 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. Borderline increased measured LVOT velocity. 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 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 atypical pulmonic valve structure, dynamic outflow pattern and normal diameter (1:1 PA/AO ratio). Probable increased RVOT velocity although not quantified on doppler. 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.

## ULTRASONOGRAPHIC FINDINGS

- Overall normal cardiac structure/function.



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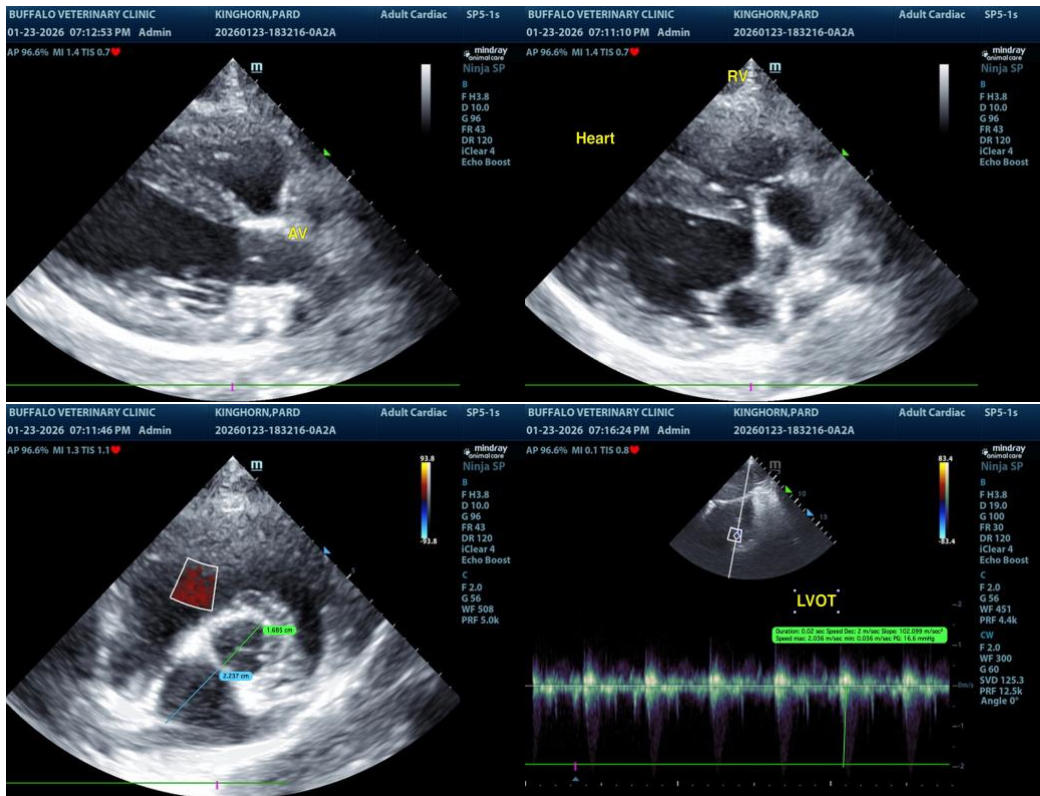
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- Atypical pulmonic valve with dynamic RV outflow pattern and incorrectly measured RV outflow velocity- suspect pulmonic stenosis.
- Borderline increased measured LV outflow velocity without overt aortic valve or subaortic pathology.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Reassessment of right ventricle outflow tract velocity with adjustment of measurement scale for further assessment is recommended. The lack of left or right heart chamber enlargement or overt significant right ventricle hypertrophy indicates the current and future risk of complications, secondary to the murmur, is likely low. No indication for cardiac medication pending additional clarification. Without overt aortic valve or subaortic pathology, the borderline increased measured LVOT velocity is likely incidental.





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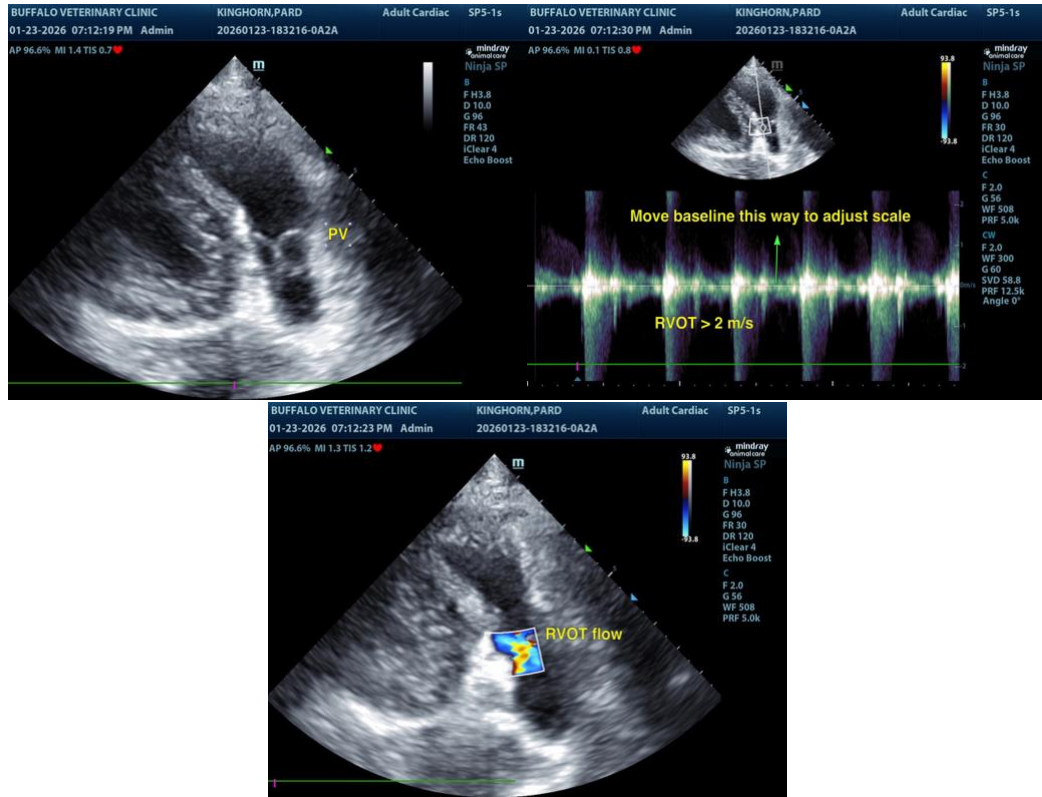
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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