


PATIENT

Benny Sullivan

PRESENTING CLINICAL SIGNS

3/6 L systolic murmur ausculted on annual exam. Asymptomatic. Current meds: Zyrtec, Frontline, Interceptor

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ProBNP 1065, Creatinine 1.6

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED	CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
Mix								
SEX	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
MN	PATIENT				1.35	36	66.0	0.2
AGE	CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
8yr								
WEIGHT	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
43lb	PATIENT	152	1.9	1.2		3.4	3.5	

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Martinsville VH

REFERRING VET

Dr. Shendell

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 centralized 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. Normal 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. Mild 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 normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). Normal measured RVOT velocity. No visible pericardial or free pleural fluid was noted. The cranial mediastinum and pericardial and extra-cardiac regions were free of masses in the visible window. No arrhythmia noted.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram
- Mild MR/TR

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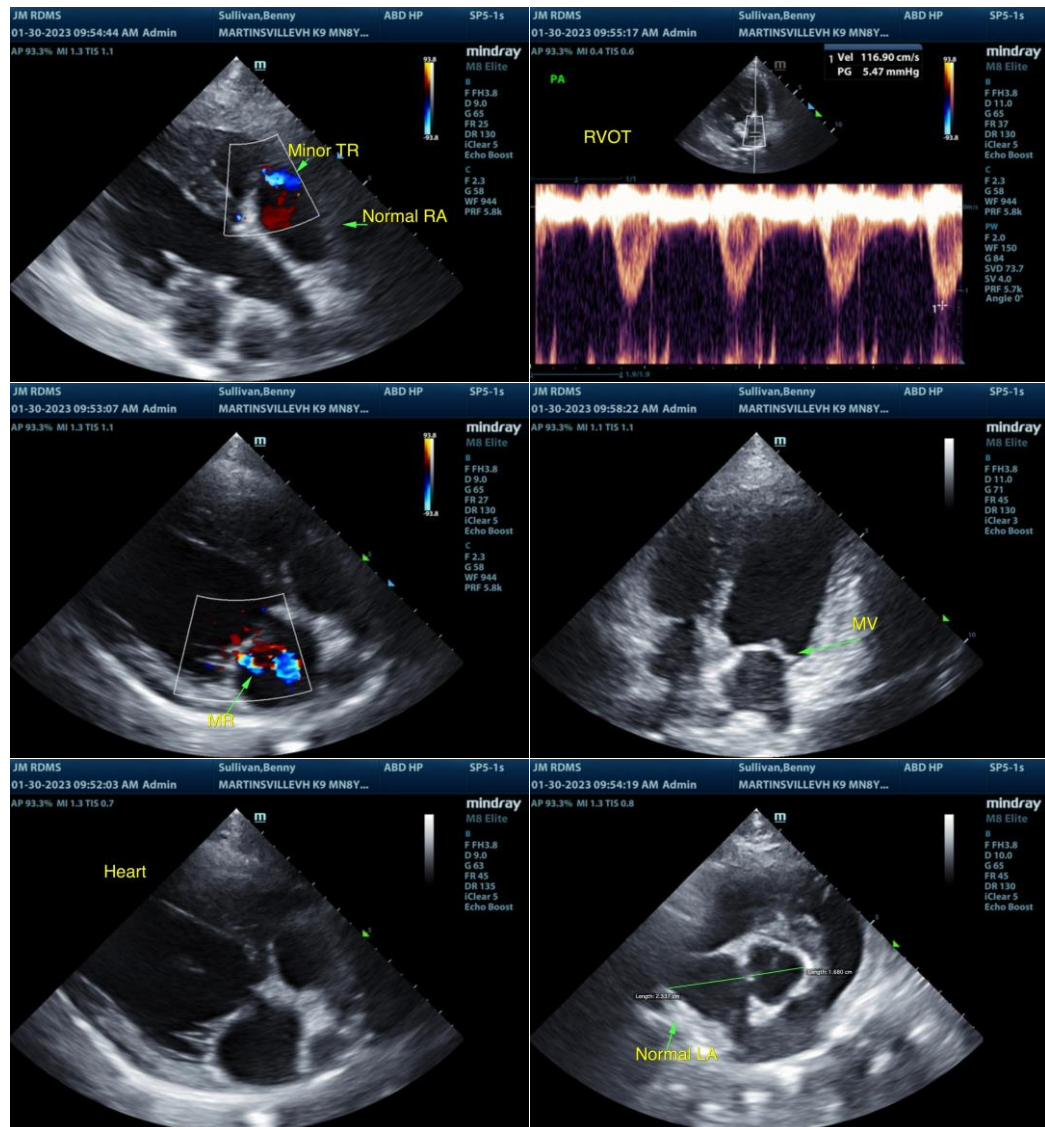
DATE

01/20/2023

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy was present in this study including no evidence of clinical issues such as LV systolic dysfunction, clinical pulmonary hypertension, significant valvular insufficiencies or stenotic disease. Suspect a low grade murmur associated with mild mitral valve insufficiency although the low grade MR may not be audible.

If no volume changes such as dehydration or anemia are present, a benign physiologic flow murmur or small flow abnormality could be possible. Regardless, the lack of left or right heart chamber enlargement indicate that the hemodynamic effects of the murmur are low. No indication for cardiac medications. Continued conservative monitoring of the murmur is recommended. Recheck echocardiogram recommended in 8-12 months, sooner if murmur intensity increases or clinical signs suggestive of heart disease arise.





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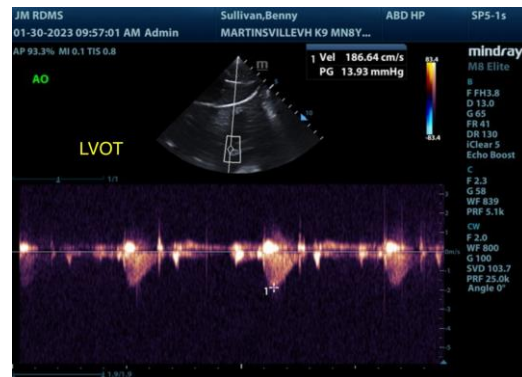
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com