

PATIENT PRESENTING CLINICAL SIGNS

Brady Keller

- GDV Surgery on Monday.
- cardiac Arrhythmia post op
- cardiac silhouette small on rads, gastropexy on Monday.
- previous splenectomy not hemangiosarcoma, but was a sarcoma
- gabapentin

SPECIES

Canine

BREED

German Shepherd

Abnormal PE/Chem/CBC/UA Results: ALKP 227 ALT Unreadable- lab pending Was 153 on 1/26 ALB 2.0 TP 4.9

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX

MN

AGE

8yr

WEIGHT

90.3lb

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	--	--	--	--	26	50	0.3
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	--	--	90.3lb	4.0	4.1	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Flanders Veterinary

REFERRING VET

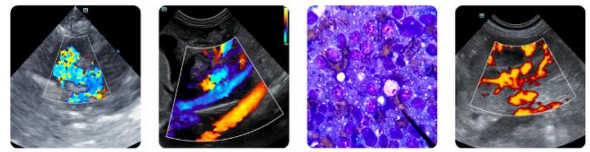
Dr Minervin

INVOICE
23723

DATE
01/30/2026

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based LA 2D measurement. 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 was mildly subnormal yet adequate as 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. 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 normal valve structure,



PATIENT

Brady Keller

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. Possible bradycardia yet no overt significant arrhythmia.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal echocardiogram with mild LV hypocontractility

BREED

German Shepherd

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

MN

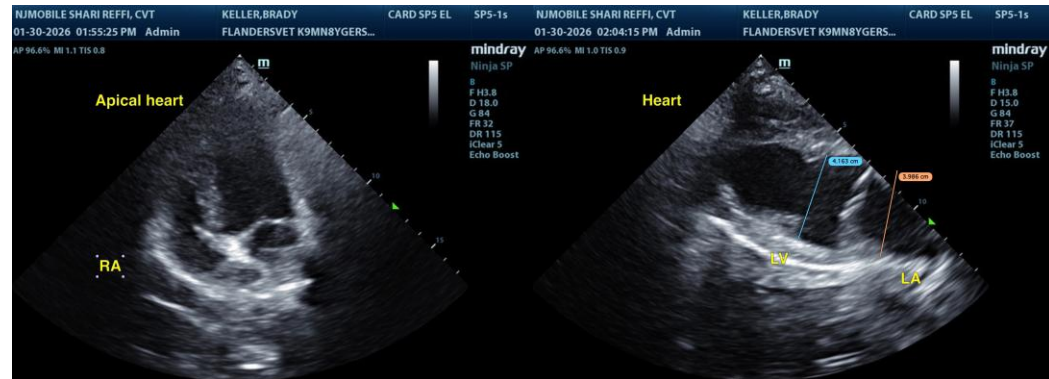
No evidence of clinical issues such as left/right chamber enlargement, cardiac primary/metastatic neoplasia or overt significant arrhythmia. Systemic disease is likely playing a role in the cardiac presentation. DCM criteria was not met. No indication for cardiac medications. Continued monitoring of ECG with echocardiographic reassessment if clinical signs consistent with cardiac or arrhythmogenic disease arise.

AGE

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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.

HOSPITAL NAME

Flanders Veterinary

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.

REFERRING VET

Dr Minervin

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

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