



PATIENT

Odee Woolsey

SPECIES

Canine

BREED

Boxer

SEX

M/N

AGE

5 years

WEIGHT

75

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Gotfredson

HOSPITAL NAME

Buffalo Veterinary
Clinic

REFERRING VET

Garry Gotfredson
DVM

INVOICE

16018

DATE

1/31/23

PRESENTING CLINICAL SIGNS

Refferal case: dog has had lethargy for the past 6 months, grade 3/6 heart murmur. Lungs auscultated wnl.

Abnormal PE/Chem/CBC/UA Results: BW- non specific, elevation of ALKP at 424.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT				1.6	35	69	0.3
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)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	NM	NM	<2.0		4.3	4.1	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal to borderline increased yet compensated **left atrial** size 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 was noted 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 overtly normal laminar systolic flow and subjective structural integrity. No measured LVOT velocity was noted. The **right atrium** and auricle revealed mild increased size and normal structure with anechoic content. No evidence of masses or spontaneous contrast was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. No overt evidence of significant TR was noted. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed subjective normal valve structure, laminar systolic flow, and normal diameter compared to the aorta. No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum**



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and pericardial and extra-cardiac regions were free of masses in the visible window. Suspect intermittent arrhythmia was noted.

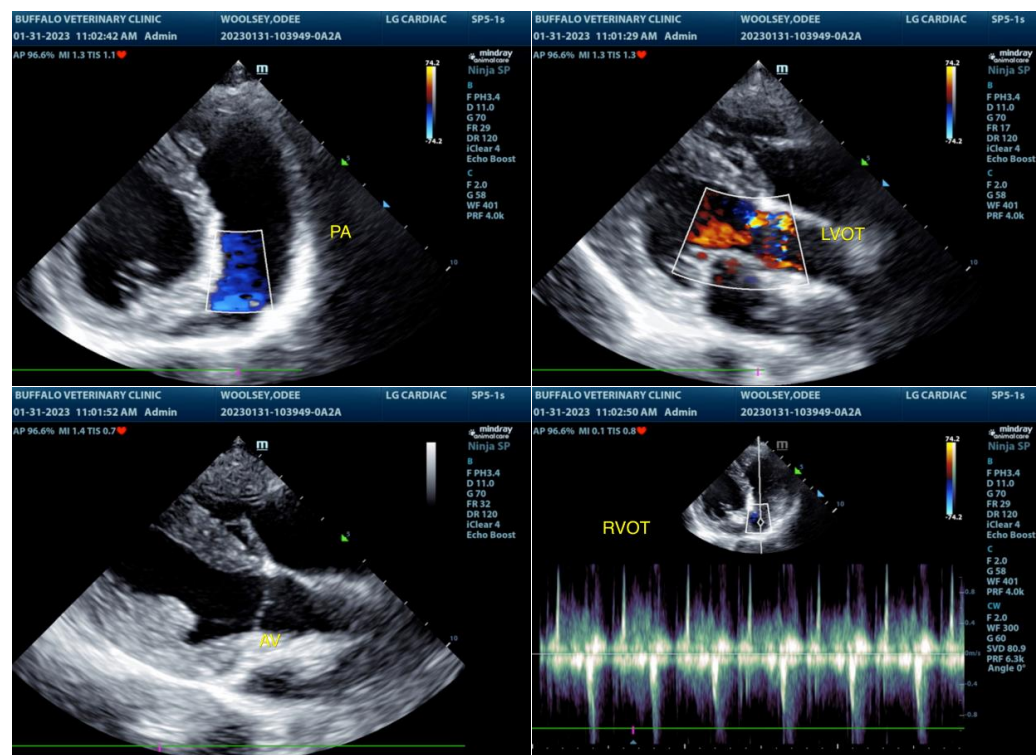
ULTRASONOGRAPHIC FINDINGS

- Subjective borderline yet compensated LA enlargement
- Normal LV volume with adequate FL functionality - no evidence of DCM criteria
- Mild RA enlargement
- Suspect intermittent arrhythmia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the heart appears to be compensated without evidence of significant left or right heart chamber enlargement, overt or significant valvular insufficiencies, or evidence of DCM criteria. A definitive cause of the murmur was not obvious.

No overt indication for cardiac medications used to treat structural cardiomyopathy at this stage. ECG assessment and/or Holter monitor is strongly suggested, given the suspected intermittent arrhythmia and in light of breed. Sonographic monitoring is suggested for evidence of progressive structural cardiomyopathy with recommended recheck echocardiogram in 6 months, sooner if progressive clinical signs suggestive of cardiac disease are noted and pending ECG / Holter monitor assessment.





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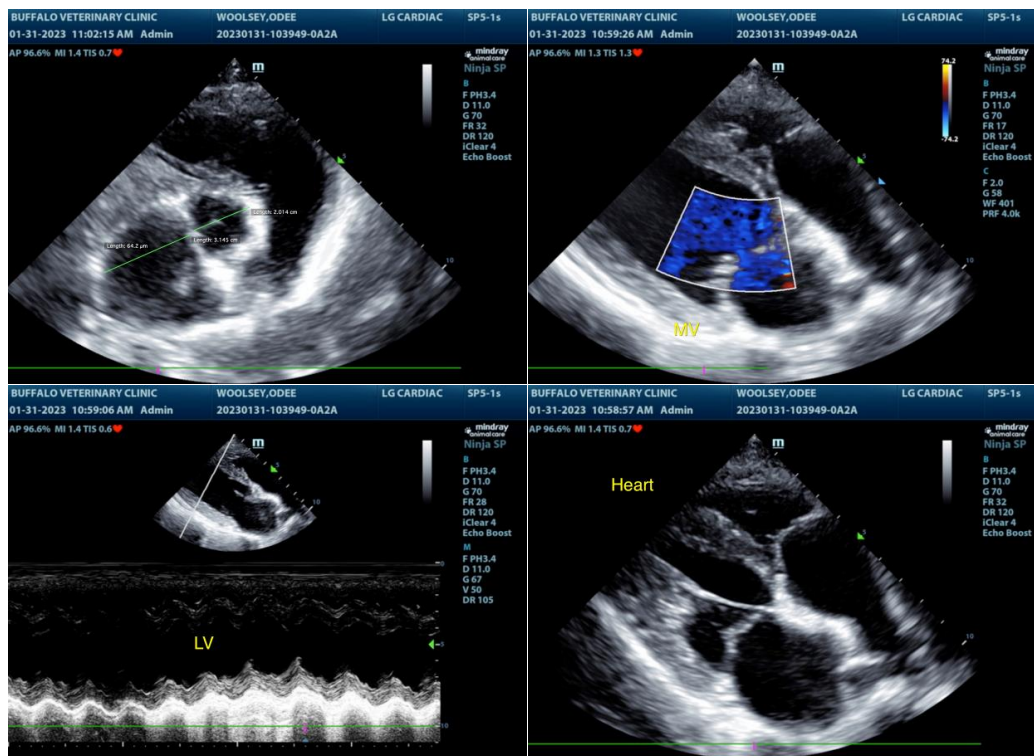
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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