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Clinical Sonography & Telecytology
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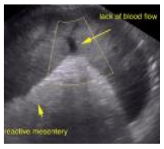
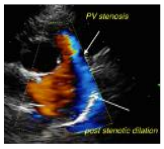
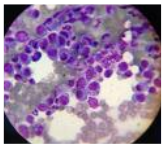
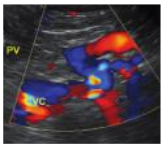

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Finn Traendly

SPECIES

Canine

BREED

Poodle Mix

SEX

Male

AGE

9 Years

WEIGHT

19.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Hope Brossman

HOSPITAL NAME

Animal Mansion VH

REFERRING VET

Joe Bertoldo, DVM

INVOICE

20360

DATE

1/5/23

PRESENTING CLINICAL SIGNS

History: Overall ADR last 30 days. Mino cardiomegaly on radiographs. Grade 3 murmur noted on last exam that was not noted previously. Started pet on furosemide and enalapril yesterday

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	--	--	NM	1.33	45	80	0.25
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	--	--	--	3.3	3.1	--

Cardiac Presentation

The echocardiogram in this patient demonstrated overtly normal **left atrial** size and dimension based on 2 different LA measurement methods. Chamber volumes and echogenicity were subjectively normal. The cranial and caudal **mitral** valve leaflets presented mild thickening suggestive of mild endocardiosis without evidence of valvular prolapse or tendineae rupture. 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 subjective normal subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of overt masses or right heart chamber overload was noted. **Tricuspid** valvular assessment demonstrated subjective adequate linear morphology. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed overtly normal valve structure and diameter compared to the aorta. No visible **pericardial** or free pleura fluid was noted. No evidence of cardiac tumors. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function
- Probable compensated mitral valve disease

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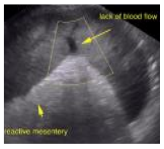
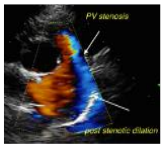
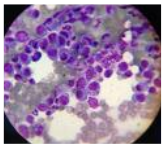
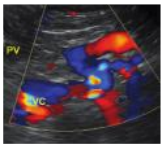

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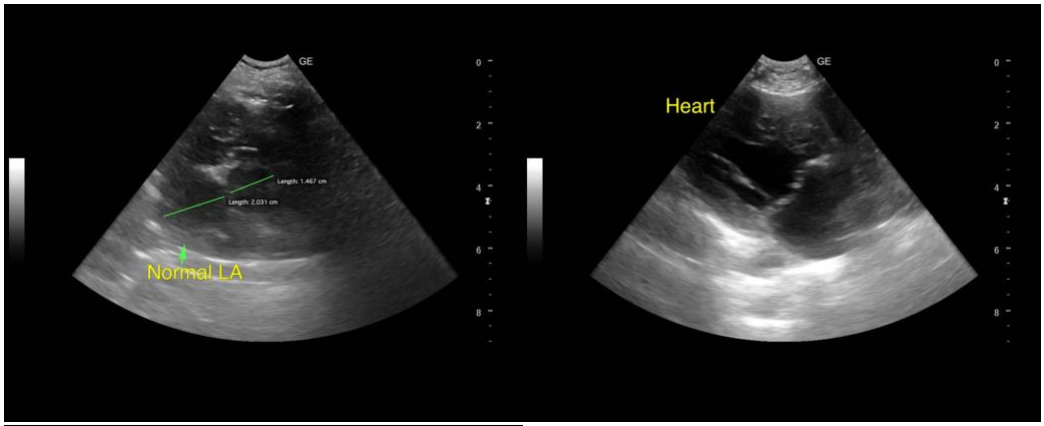
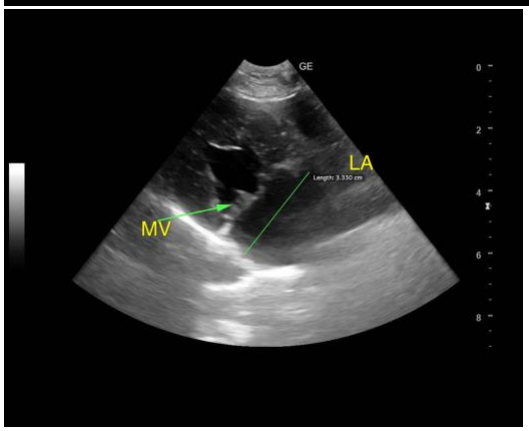
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant structural or functional cardiomyopathy as a definitive cardiac cause of the patients clinical signs. Although not definitive, the cause of the murmur is suspected to be secondary to mitral valve insufficiency, however, given the lack of LA/LV enlargement, the hemodynamic effects of the suspected MR appear to be minimal. Combined with reported minor cardiomegaly on radiographs, the heart appears to be compensated without overt indication for cardiac medications at this stage. Serial sonographic monitoring is recommended for further prognosis. Recheck echocardiogram is suggested in 6 months or sooner if clinical signs suggestive of heart disease arise. Baseline monitoring of resting respiration rate is recommended.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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