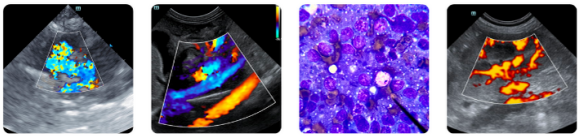


SonoPath www.SonoPath.com info@sonopath.com 800.838.4268

PATIENT
Stanley Ace

SPECIES
Canine

BREED
Golden Retriever

SEX
Male Neutered

AGE
6y

WEIGHT
85 lbs

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Smithfield AH

REFERRING VET
Dr. Boe

INVOICE
13007

DATE
1/6/26

PRESENTING CLINICAL SIGNS

History: Apparent heart opacity on chest rads. Increased respiratory labor.

Current meds: doxy, traz, gaba Sedated with torb/midaz

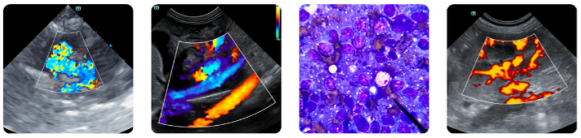
Abnormal PE/Chem/CBC/UA Results: Not performed

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	--	--	--	1.3	30	57	0.3
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (kg)	**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	1.0	0.7	--	3.4	3.4	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **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. 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 left ventricle was borderline decreased yet subjectively adequate as evidenced by the fracture shortening measurement. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. 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. 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 was noted with minor pulmonic insufficiency on doppler findings. No evidence of of pericardial or plural effusion. The mediastinum, pericardial and extra cardiac regions were free of overt masses in the visible window. No evidence of hepatic congestion or arrythmia.



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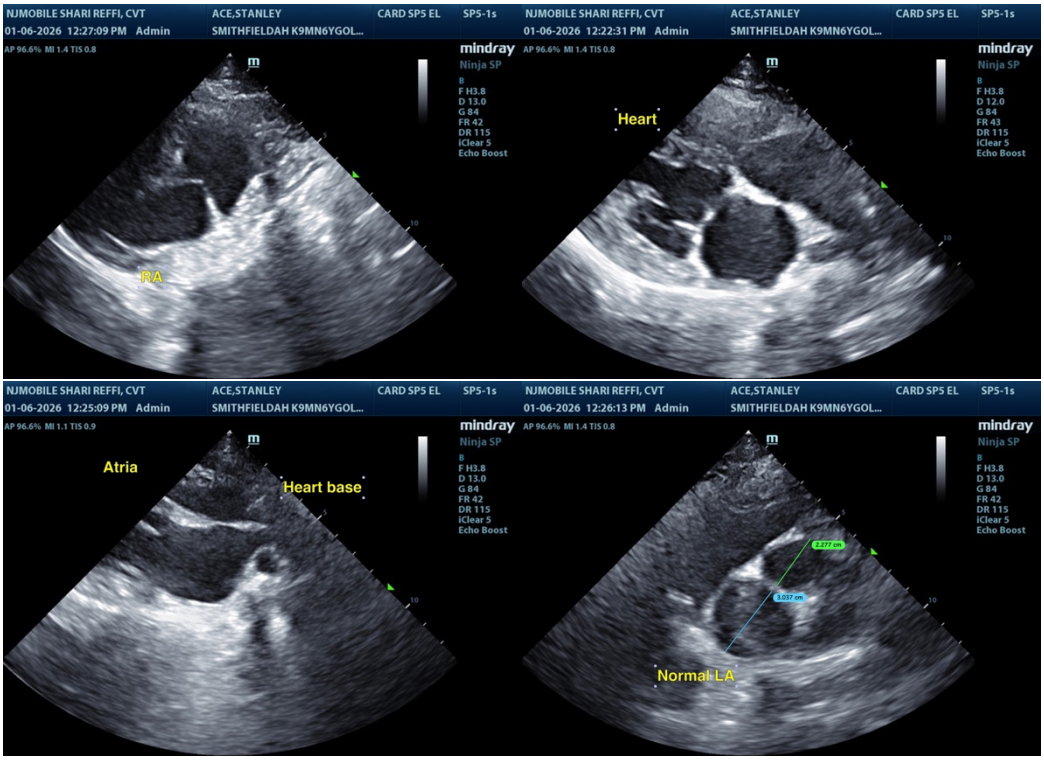
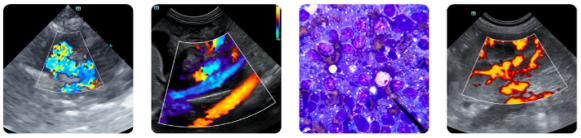
ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram with borderline decreased LV contractility
- Minor pulmonic insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, normal cardiac structure and function with borderline decreased LV contractility potentially secondary to patient variant or athletic state. Non-obvious metabolic or systemic disease, i.e. hypothyroidism possible. DCM criteria was not met. No evidence of clinical pulmonary hypertension as an obvious contributing factor to the respiratory abnormalities. A definitive cardiac or pericardial opacity or lesion was not obvious. A possible pericardial pulmonary lesion obscured by surrounding aerated lung cannot by definitively excluded. No indication for cardiac medications. Correlation with lab work and T4 levels suggested if not done.





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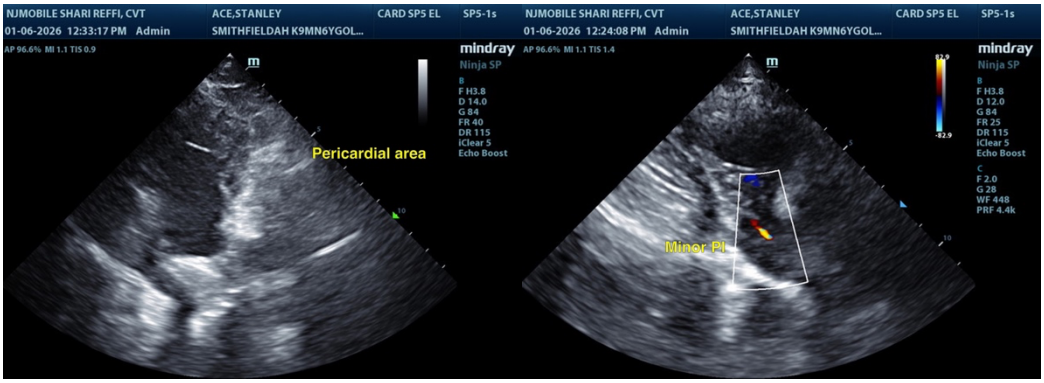

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com