


**PATIENT**

Milo Vignali

**PRESENTING CLINICAL SIGNS**

Subjectively enlarged heart on radiographs, increased resp effort, no murmur heard, exercise intolerance. VHS=13.

**SPECIES**

Canine

Current meds: Flea+tick

Abnormal PE/Chem/CBC/UA Results: None, negative 4DX

**BREED**

 Australian Shepherd  
 Mix

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**
**SEX**

MN

**AGE**

8yr

**WEIGHT**

NA

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				1.35	43.2	74.8	0.27
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	101	2.0	1.4		3.7	3.9	

**INTERPRETED BY**

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

**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. 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. 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). No visible pericardial or free pleura fluid was noted. The cranial mediastinum and pericardial and extra-cardiac regions were free of masses in the visible window.

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

AH of Sussex County

**REFERRING VET**

Dr. Catania

**ULTRASONOGRAPHIC FINDINGS**
**INVOICE**

11856ag

- Overtly normal cardiac structure and function

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**
**DATE**

10/14/2022

Although the impression of cardiomegaly was present on radiographs, a definitive cause of the patient's murmur and clinical signs was not evident on echocardiogram, without evidence of structural or



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functional cardiomyopathy. No evidence of clinical issues such as LV systolic dysfunction, DCM criteria, clinical pulmonary hypertension, stenotic disease or overt valvular insufficiencies was present.

**SPECIES**

Canine

Subjectively the LV appeared to be mildly rounded in appearance yet was not consistent with LV volume overload and likely a patient variant given normal LV function. Given the presentation the reported respiratory abnormalities and exercise intolerance appear to be noncardiogenic in origin. Radiographic monitoring of the heart with potential recheck sonogram if evidence of progressive cardiomegaly is recommended.

**BREED**

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**SEX**

MN

**AGE**

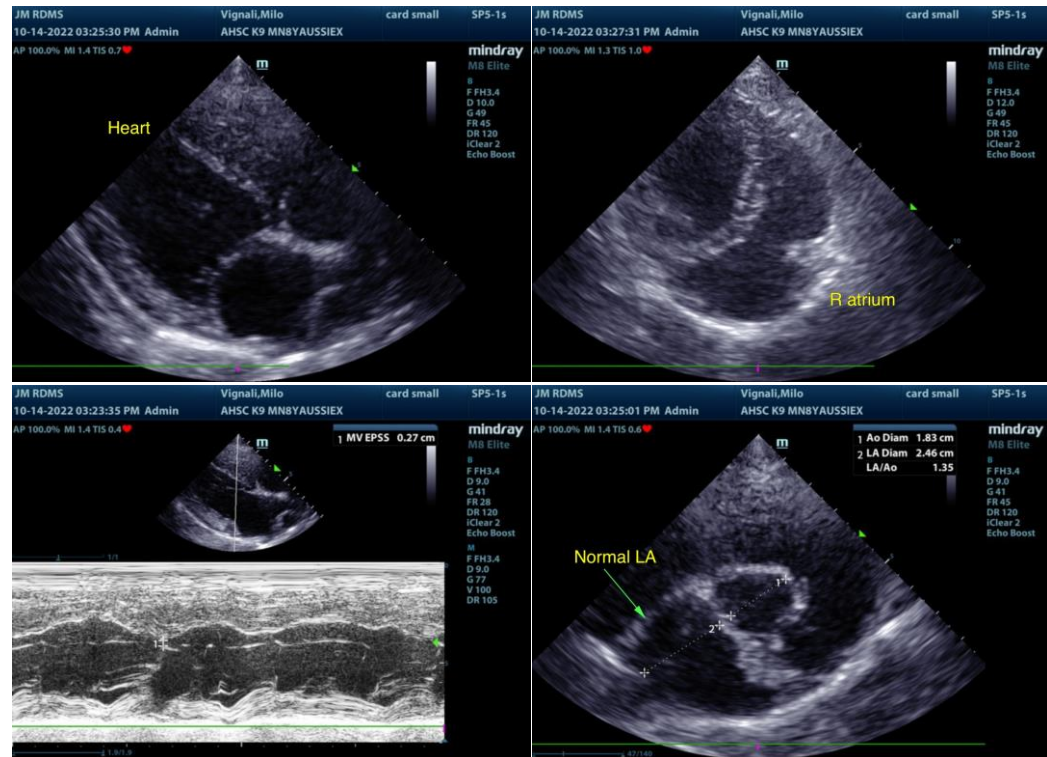
8yr

**WEIGHT**

NA

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**IMAGING PERFORMED BY**

Jessica Miller

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**

AH of Sussex County

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. Catania

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com

**INVOICE**

11856ag

**DATE**

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