


PATIENT

Kona Williams

PRESENTING CLINICAL SIGNS

Grade II/VI HM

Abnormal PE/Chem/CBC/UA Results: n/a

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
BREED

Sheepdog

SEX

FS

AGE

6yr

WEIGHT

54lb

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	28.2	58.5	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	133	2.0	1.2		3.9	3.9	

Cardiac Presentation
INTERPRETED BY

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

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. No MR on Doppler. The left ventricle presented thicknesses with linear contour and was not dilated nor restricted. Borderline LVOT velocity, not consistent with stenotic disease. The myocardium presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. Contractility of the ventricular walls was mildly subnormal 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. 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 LVOT velocity. 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

 Warren Animal
 Hospital

REFERRING VET

Dr. Brian

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram with mild LV hypocontractility-athletic state, systemic disease, hypothyroidism may present in this manner. DCM criteria was not met

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of overt structural cardiomyopathy without overt evidence of significant valvular insufficiency, stenotic disease, shunt or evidence of clinical pulmonary hypertension. If no volume

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changes such as dehydration or anemia, a benign physiologic flow murmur or small flow abnormality is suspected. Regardless, the lack of left or right heart chamber enlargement indicate that the hemodynamic effects of the murmur are minimal. No indication for cardiac medications. Conservative monitoring of the murmur is recommended. Recheck echocardiogram recommended in 6-12 months, sooner if murmur intensity increases or clinical signs suggestive of heart disease arise.

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Full CBC/Chem/UA to assess for possible metabolic disease if clinically indicated is recommended.

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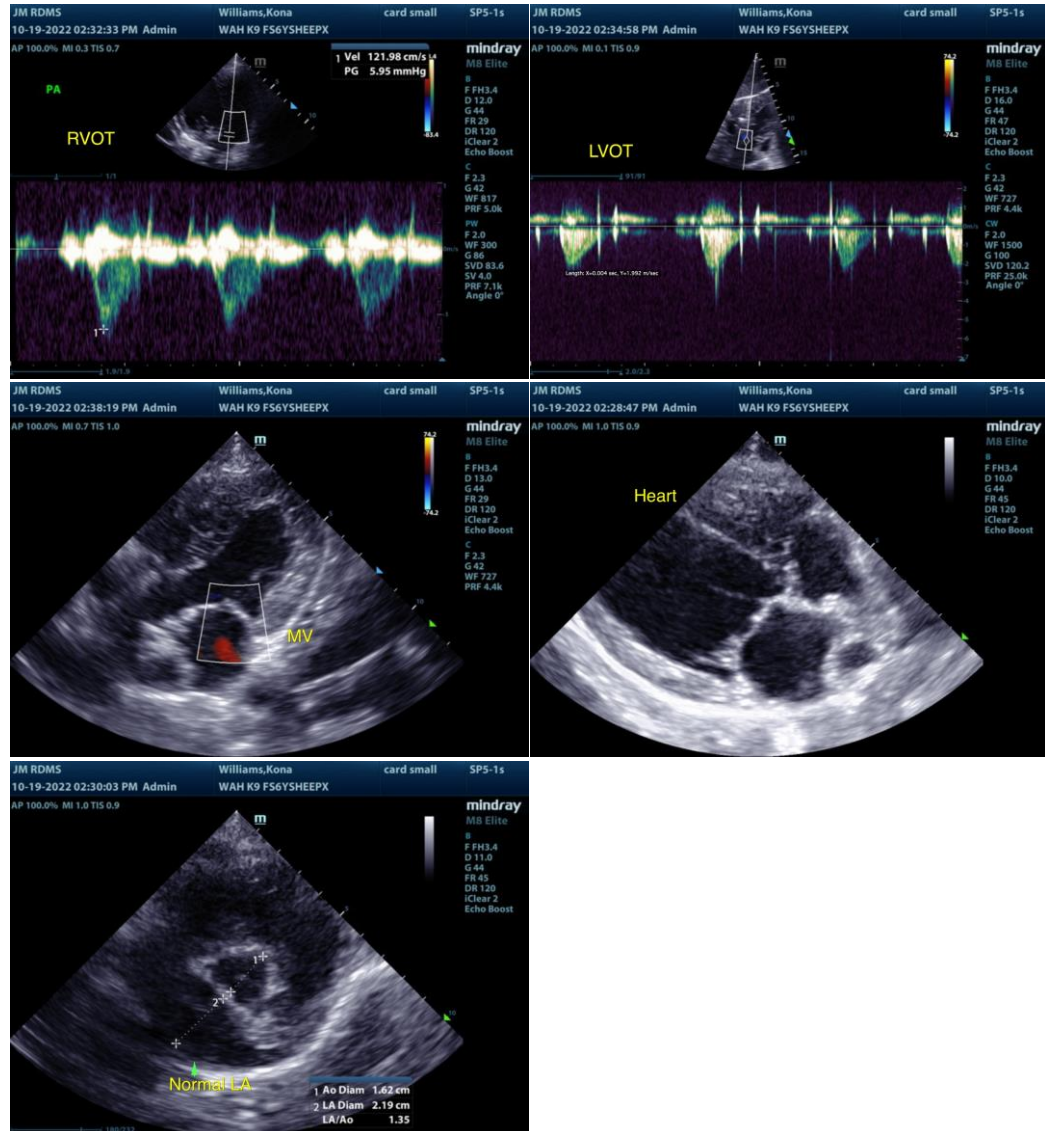
Dr. Brian

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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



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