


PATIENT

Gracie Halke

PRESENTING CLINICAL SIGNS

Cough, gagging. Not constant but every day. Current meds: Dasuquin, Galliprant.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
BREED

Labrador Retriever

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				1.2	26.7	56.3	0.2
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	113	1.5	0.75		4.3	4.5	

SEX

FS

AGE

13yr

WEIGHT

80lb

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 subtle thickening which may suggest minor endocardiosis, normal extension in systole, and union in diastole with overall normal kinesis. Mild centralized MR present 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 mildly subnormal 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. Mild aortic insufficiency present on Doppler. The right atrium and auricle revealed normal size, structure and content without evidence of cor pulmonale. No evidence of masses was noted. Tricuspid valvular assessment demonstrated adequate linear morphology and kinesis. No evidence of significant TR. 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

 Lk. Hopatcong Animal
 Hospital

REFERRING VET

Dr. Batta

ULTRASONOGRAPHIC FINDINGS
INVOICE

11782ag

- Overtly normal cardiac structure with mild hypocontractile LV
- Normal LA
- Mild centralized MR
- Minor aortic insufficiency

DATE

10/03/2022



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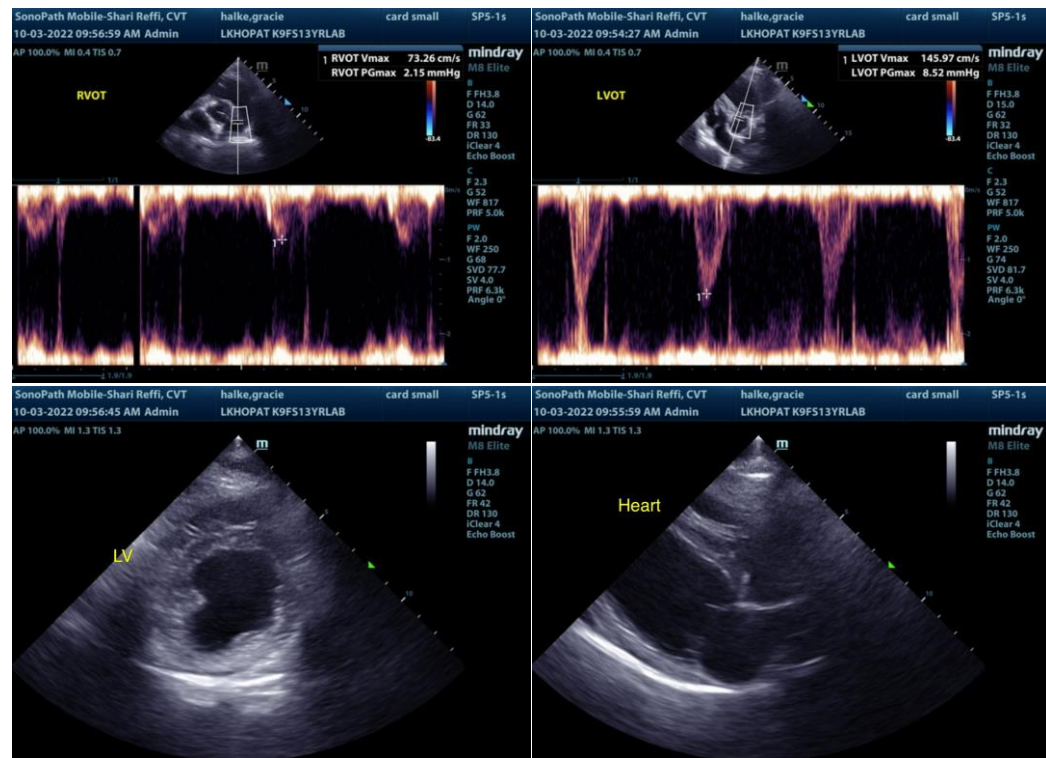
10/03/2022

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild subnormal LV contractility is non-specific with consideration including age related variant, hypothyroidism or less likely athletic state. DCM criteria was not present, yet further sonographic monitoring is recommended.

Assessment of systemic BP is suggested given presence of MR as well as aortic insufficiency. The lack of LA enlargement indicates that the risk of complication secondary to MR is low at this stage. No overt indication for cardiac medications. The overall cardiac presentation was not suggestive of cardiogenic cough and without evidence of clinical pulmonary hypertension. As needed respiratory support is suggested.

Assessment of T4 level and three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Recheck echocardiogram suggested in 6 months, sooner if clinical signs arise.





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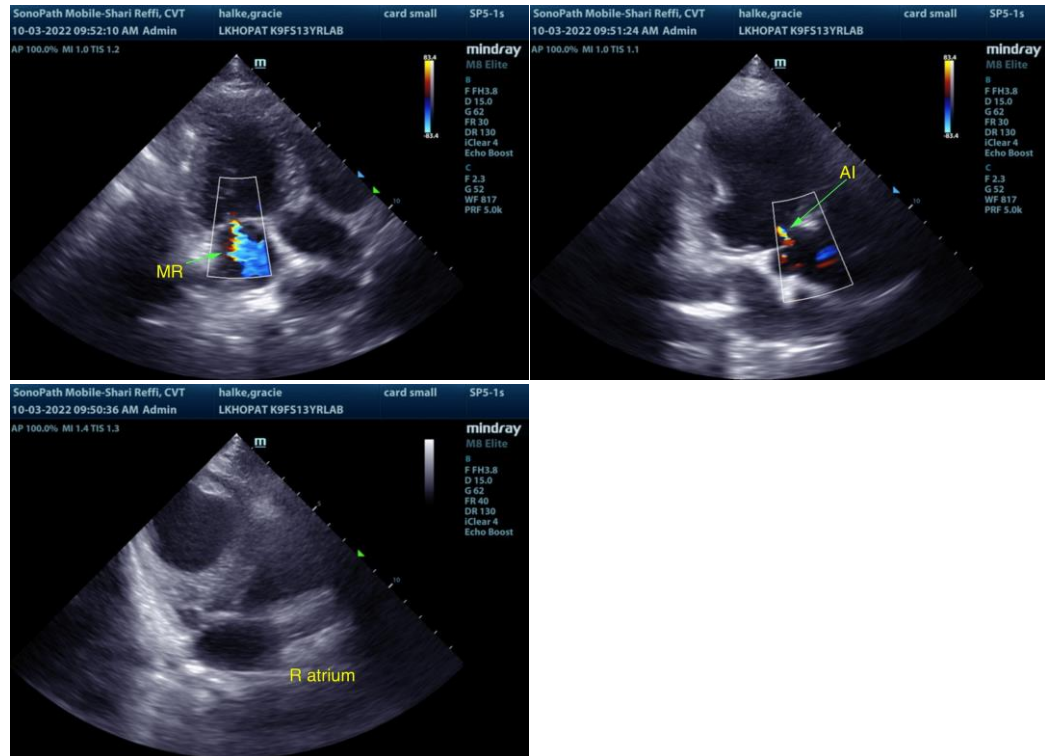
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com