



PATIENT

Murphy Gaffney

SPECIES

Canine

BREED

Mix

SEX

MN

AGE

10 years

WEIGHT

16.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

PRESENTING CLINICAL SIGNS

Breathing issues for the past 3 months, worse over the past month. Murphy will wheeze, has dry cough, and sneezes consistently during the day and will wake up at night. When P plays, breathing seems to get worse.

Abnormal PE/Chem/CBC/UA Results: PE: no murmur auscultated, increased lung sounds in cranial lung fields. No cough at rest but will cough with walking or exercise. Sounds like a lower respiratory cough with a sneezing component. CBC/Chem/Lytes: WNL RADS (attached): VHS 10.5; mild bronchial pattern.

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	<1.6	28-40	40-100	<0.6
PATIENT			1.23	1.3	38.6	71.2	0.18
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	BELOW	BELOW	BELOW	BELOW
PATIENT	148	1.5	1.0		2.7	2.5	

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. No MR 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 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. No TR on Doppler. 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.

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Scanvet

REFERRING VET

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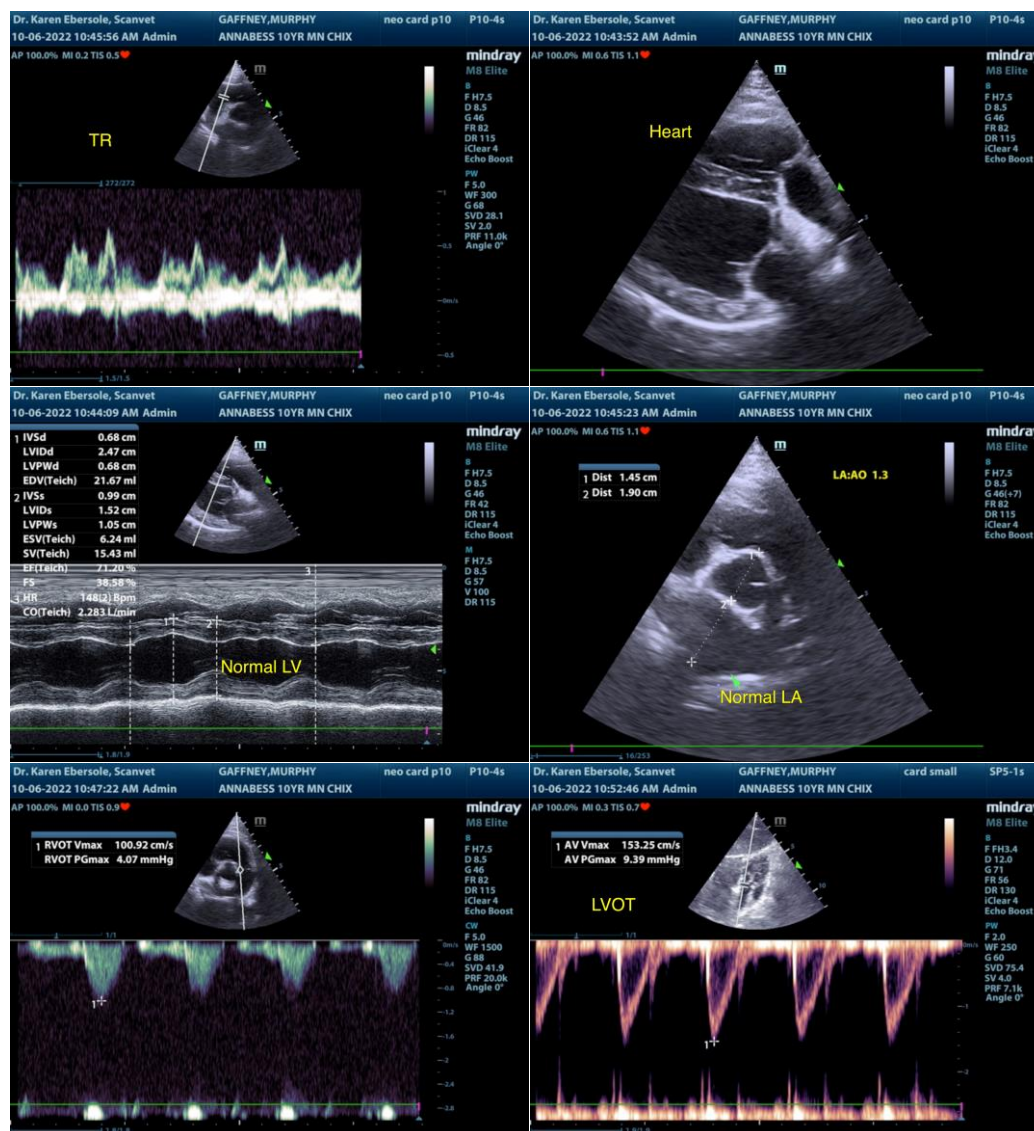
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ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The normal cardiac structure and function without evidence of clinical issues such as LV systolic dysfunction, left or right heart chamber enlargement, or evidence of clinical pulmonary hypertension, indicate that the coughing in this patient is noncardiogenic in origin. No indication for cardiac medications is evident. Primary vs. upper primary respiratory disease is likely. As-needed respiratory support +/- additional diagnostics is recommended.





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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.

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