



PATIENT

Honey Newell

SPECIES

Canine

BREED

Lab/Poodle

SEX

FS

AGE

1 year, 7 months

WEIGHT

36.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Black River Vet
 Hospital

REFERRING VET

Dr. Vex

INVOICE

10325

DATE

11/11/25

PRESENTING CLINICAL SIGNS

"Buzzing" extra heart sound left focal- new. Exam WNL otherwise, asymptomatic for heart disease.
 Meds: Gabapentin 100 mg PO today. HG/Frontline
 Abnormal PE/Chem/CBC/UA Results: 4-7-25 mild eosinophilia/ lymphocytosis

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	45	78	0.25
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA MAX4 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	176	1.4	0.97		3.6	3.6	

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. No evidence of overt 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. Normal measured LVOT velocity was noted. 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 evidence of overt 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). Normal measured RVOT velocity was noted. 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. No evidence of arrhythmia was noted.

ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure / function



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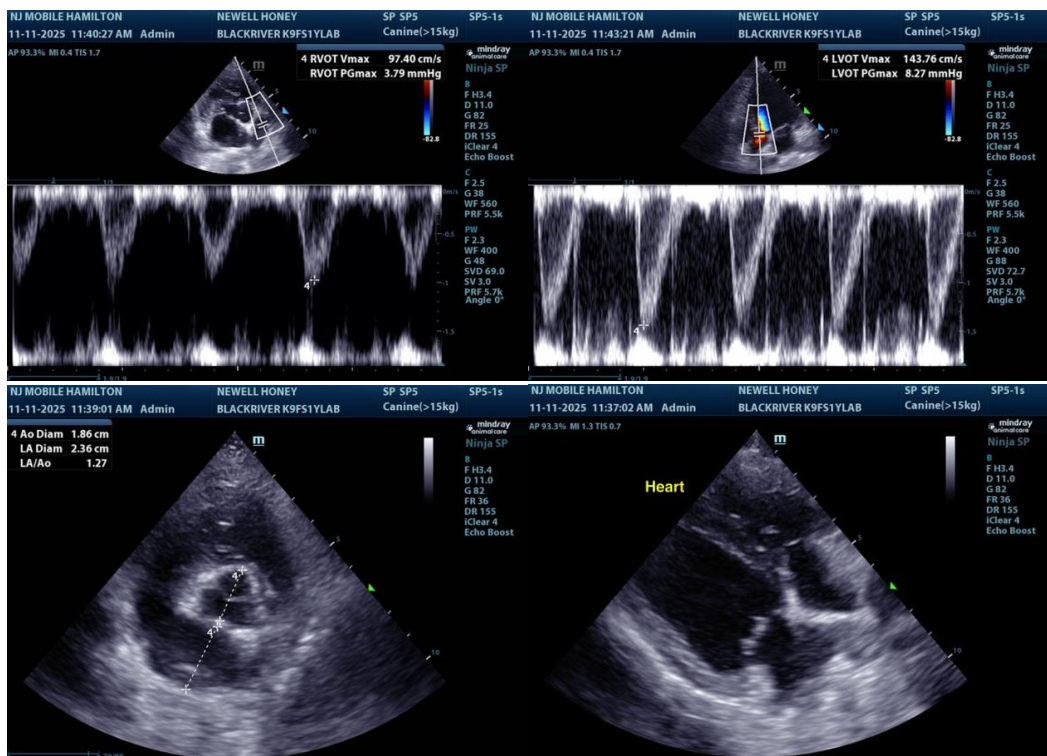
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of clinical issues such as left or right heart chamber enlargement, LV systolic dysfunction, significant valvular insufficiencies, stenotic disease, or arrhythmia. A definitive cause of the extra heart sound was not obvious. Regardless, if present, there is no evidence of cardiac structural or functional pathology. There is no indication for cardiac medications. Conservative monitoring of the extra heart sound is recommended with a recheck echocardiogram suggested in 8-12 months, sooner if clinically indicated. There are no anesthetic contraindications if anesthesia is required.



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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