



PATIENT

Dream Flores

PRESENTING CLINICAL SIGNS

Grade II/VI HM. No clinical signs. Pre surgical for dental.

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

7 Years

WEIGHT

12 Pounds

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			NM	NM	47.4	82	0.1
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	212	1.3	1.7		2.1	1.9	

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 overt MR. 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. 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 overt 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). Subjective borderline elevated RVOT velocity yet not consistent with stenotic disease. 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.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram
- Borderline elevated measured RV outflow velocity – not consistent with stenotic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function without evidence of clinical issue such as left or right heart chamber enlargement, LV systolic dysfunction, clinical pulmonary hypertension, significant

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

American AH

REFERRING VET

Dr. Pascucci

INVOICE

42900

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valvular insufficiencies, or stenotic disease. The primary source of the murmur may be secondary to mildly elevated RVOT velocity, which is essentially a physiologic/flow murmur. No indication for cardiac medications. Conservative monitoring of the murmur is recommended with recheck echocardiogram suggested 6 months, sooner if clinical signs arise or if murmur intensity increases. No anesthetic contraindications.

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Canine

Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.

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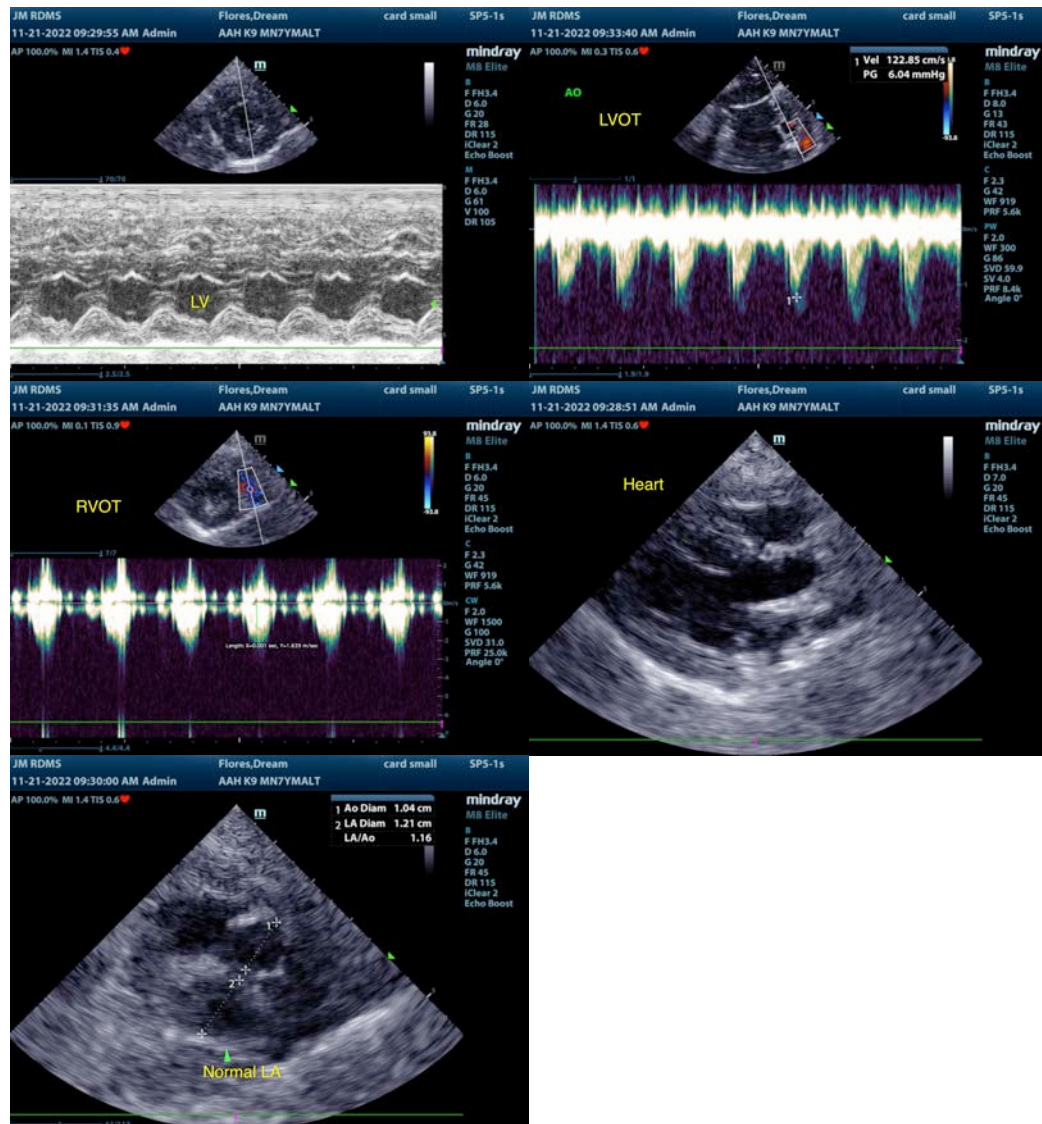
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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