



PATIENT PRESENTING CLINICAL SIGNS

Lyla Beaulieu History: Heart murmur found on annual exam. No clinical signs. Butorphanol IV for sedation.
Abnormal PE/Chem/CBC/UA Results: PE: 2/6 systolic murmur, L basilar.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

1 Year

WEIGHT

17 Pounds

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	--	--	NM	1.35	37.7	0.5	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	115	1.9	1.0	--	2.4	2.4	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole, DVM,
DABVP (Canine/Feline
Practice)

HOSPITAL NAME

Scanvet

REFERRING VET

Paul Moore, DVM

INVOICE

20106

DATE

12/15/22

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 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. Borderline increased 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. 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. 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

- Overtly normal cardiac structure and function

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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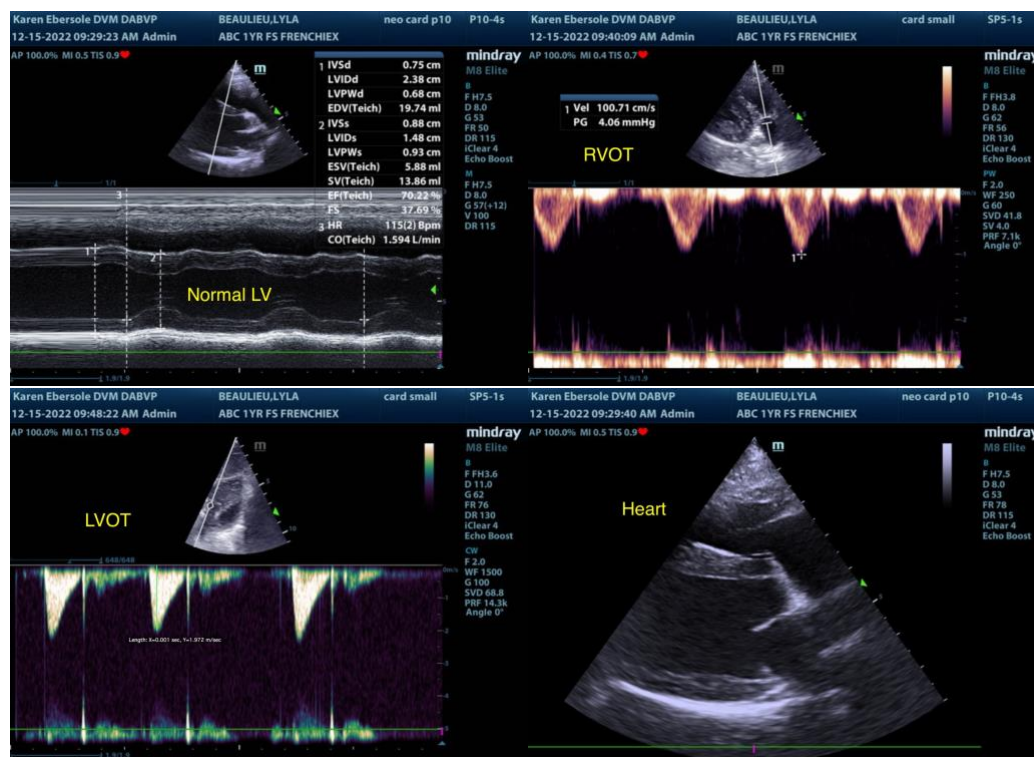
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No evidence of a significant structural or functional cardiomyopathy, without a definitive cause of the murmur obvious. No evidence of significant valvular insufficiencies, stenotic disease, shunt, i.e., overt VSD or PDA. No overt structural issues were identified. In the absence of significant volume changes, such as dehydration or anemia, potentials may include physiologic flow murmur potentially present at elevated heart rates or a small flow abnormality not overtly visualized. Regardless, the hemodynamic effects of the murmur appear to be minimal without evidence of left or right heart chamber enlargement.

If the murmur progresses in intensity going forward, recheck echocardiogram or potential referral to a local cardiologist for advanced imaging could be considered. No indication for cardiac medications. No overt contraindications to anesthesia if required. Recheck echocardiogram could be considered in 6-12 months or sooner if murmur intensity increases.





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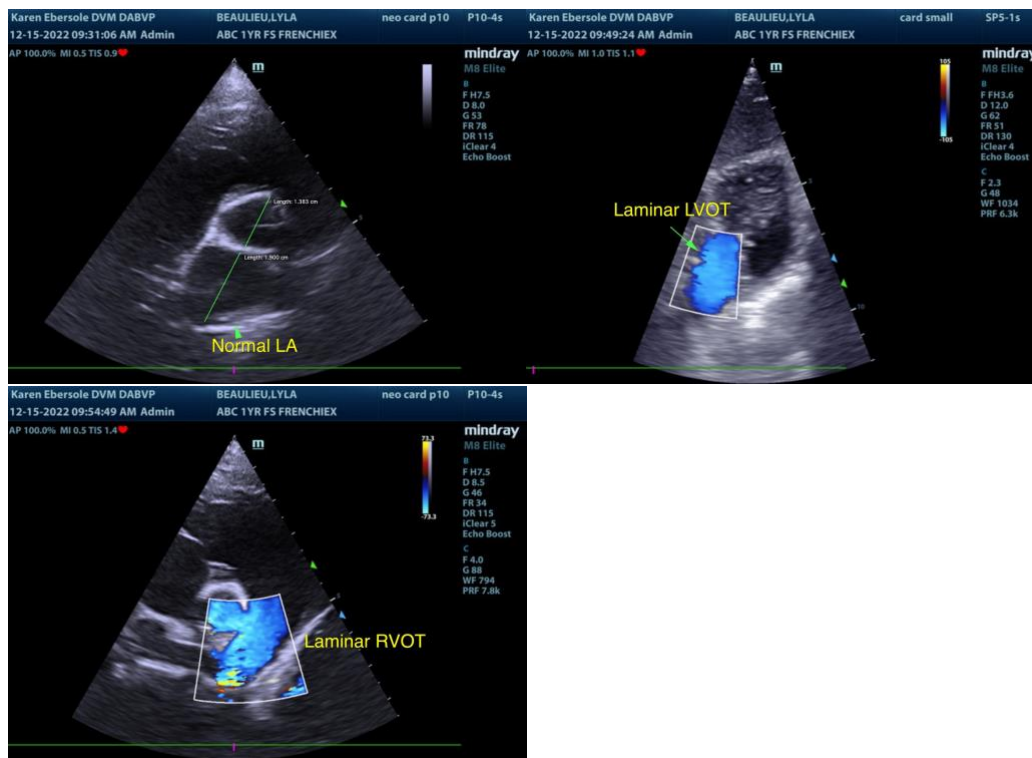
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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