

PATIENT

Jude Shulte

SPECIES

Canine

BREED

Lab Mix

SEX

Male Neutered

AGE

6 yrs

WEIGHT

76.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Becca Hamilton

HOSPITAL NAME

Hello Pet Vet Wellness
Center Oregon

REFERRING VET

Dr. Stern

INVOICE

12883

DATE

12/3/25

PRESENTING CLINICAL SIGNS

History: Cardiovascular: Abnormal: Grade 3/6 Systolic heart murmur, PMI left. HM: R/O developing cardiac disease vs. innocent. Tremors- R/O pain vs. neuropathy vs. seizures vs. cardiac vs. open.

MEDS: Carprofen, Apoquel, Gabapentin, Trazadone, Rejensa

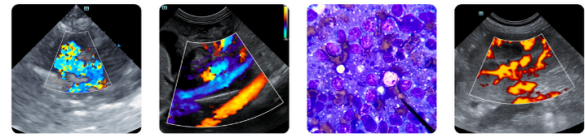
Abnormal PE/Chem/CBC/UA Results: HR 100, RR 36, CBC: HCT 59%, H (39-58) Chem: Chol. 553 H (131-346) Changes mild and not likely significant at this time.

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	--	--	--	1.2	45	78	0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA MAX 4 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	NM	1.6	1.5	--	3.6	3.6	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 2 different LA measurement methods. The cranial and caudal mitral valve leaflets presented mild thickening consistent with mild degenerative change. Doppler revealed mild eccentric MR. Chamber volumes and echogenicity were normal. 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 or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** 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. No echographically detectable evidence of cardiac / pericardial tumors was visible.



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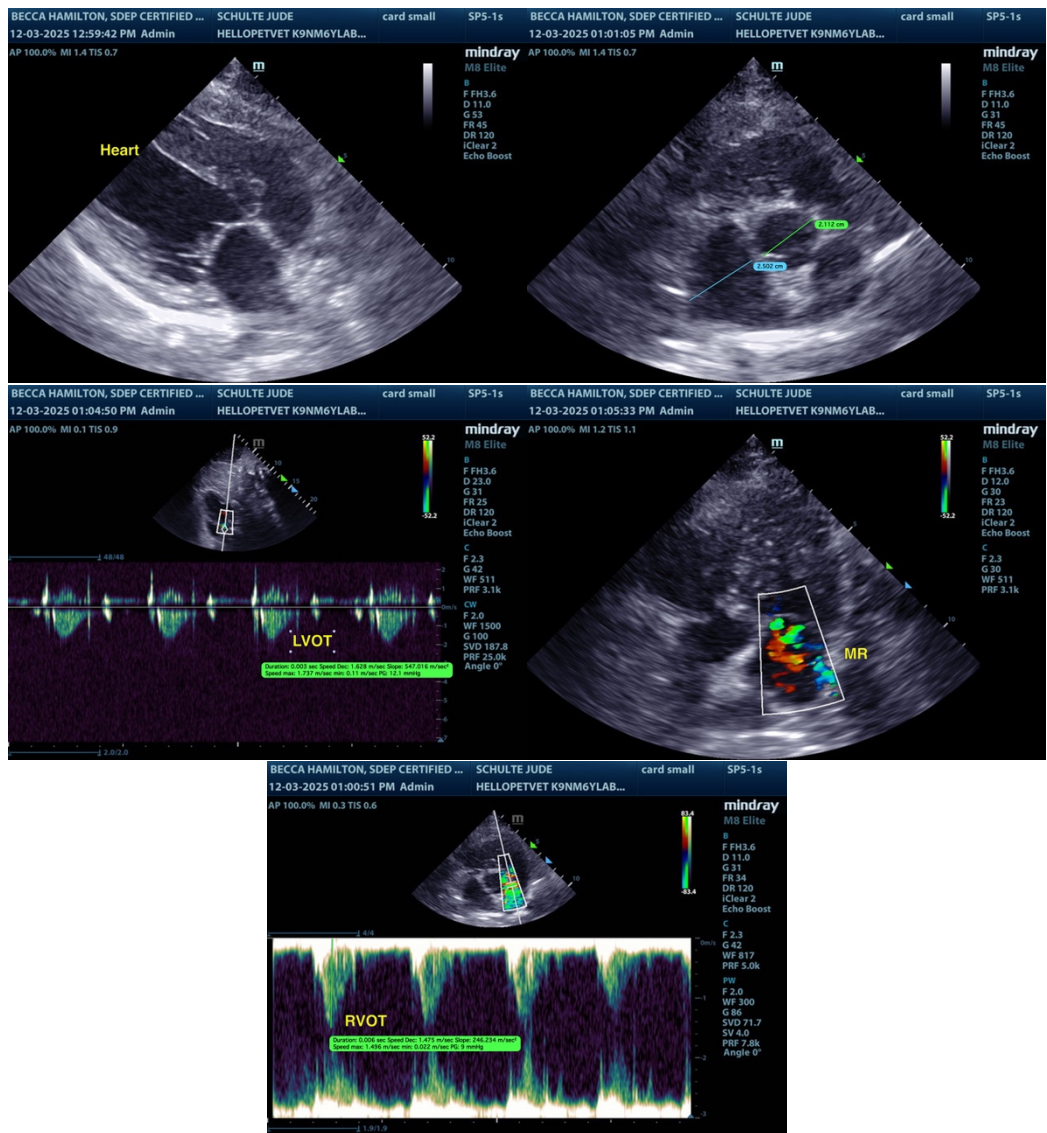
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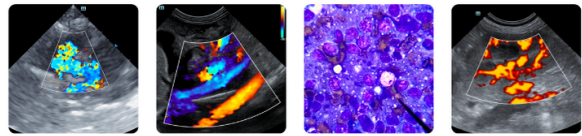
ULTRASONOGRAPHIC FINDINGS

- Compensated mitral valve insufficiency (B1)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of LA enlargement indicates the current and future risk of complications secondary to MR is low. In a non-clinical patient without evidence of chamber enlargement, no indication for cardiac medication. Recheck echo recommended in 6-12 months, sooner if increase in murmur intensity or if clinical signs arise. No anesthetic contraindications. 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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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