



PATIENT

Indy Rodriguez

SPECIES

Canine

BREED

Coonhound

SEX

Female (Spayed)

AGE

7 years

WEIGHT

84.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY
 Meghan Morse, LVT,
 CVT

HOSPITAL NAME
 Branchville Country
 Veterinary Clinic

REFERRING VET

Dr. Talbot-Valerio

INVOICE

10426

DATE

12/9/25

PRESENTING CLINICAL SIGNS

HM grade III/VI, non clinical- dog very active and hunting but had multiple episodes of V-tach during anesthesia for porcupine quill removal at ER.

Current meds: Nexgard Plus

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	30	58	0.2
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	NM	2.2	1.2		4.0	4.1	

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 MR on Doppler. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. Borderline increased measured LV outflow velocity was noted. 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 evidence of 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.



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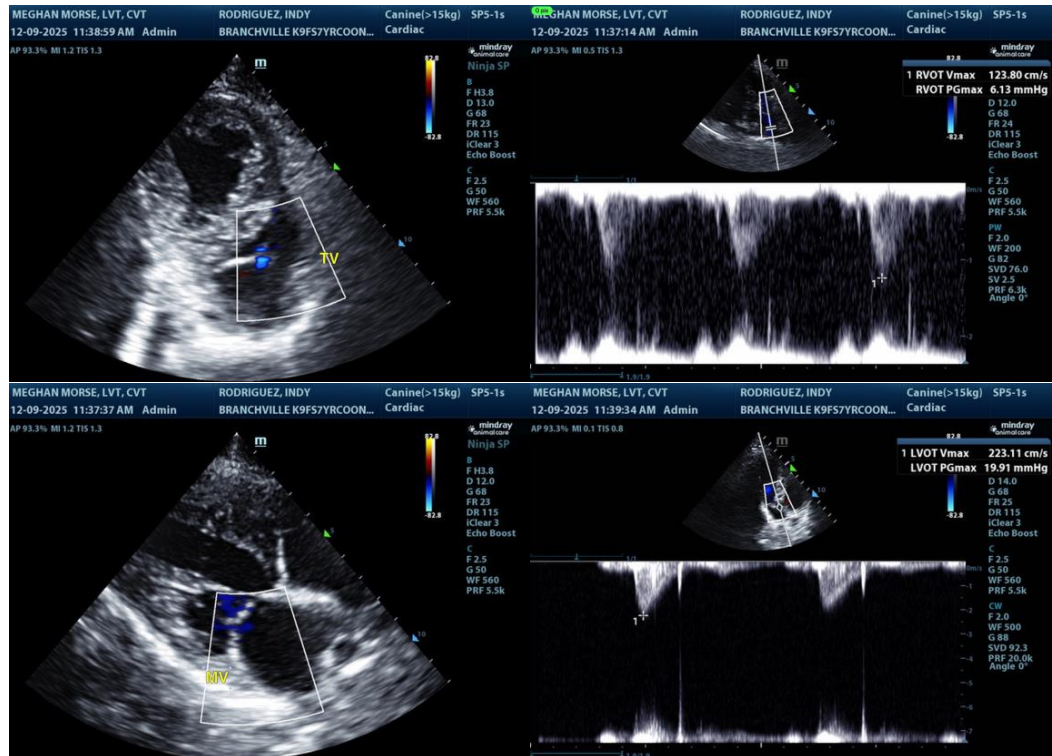
ULTRASONOGRAPHIC FINDINGS

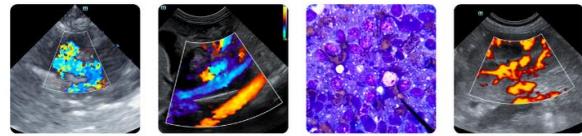
- Normal cardiac structure / function
- Borderline increased measured LV outflow velocity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause of the murmur was not obvious without evidence of clinical issues such as left or right heart chamber enlargement, LV systolic dysfunction, valvular insufficiencies, or stenotic disease. The only potential cause of the murmur noted is the borderline increased measured LV outflow velocity, which, without evidence of valvular or structural pathology, essentially classifies as a flow murmur. Regardless, the hemodynamic effects of the murmur are low.

There is no indication for cardiac medications. Conservative monitoring of the murmur going forward is advised. Recheck echocardiogram is suggested in 8-12 months, sooner if clinical signs arise. 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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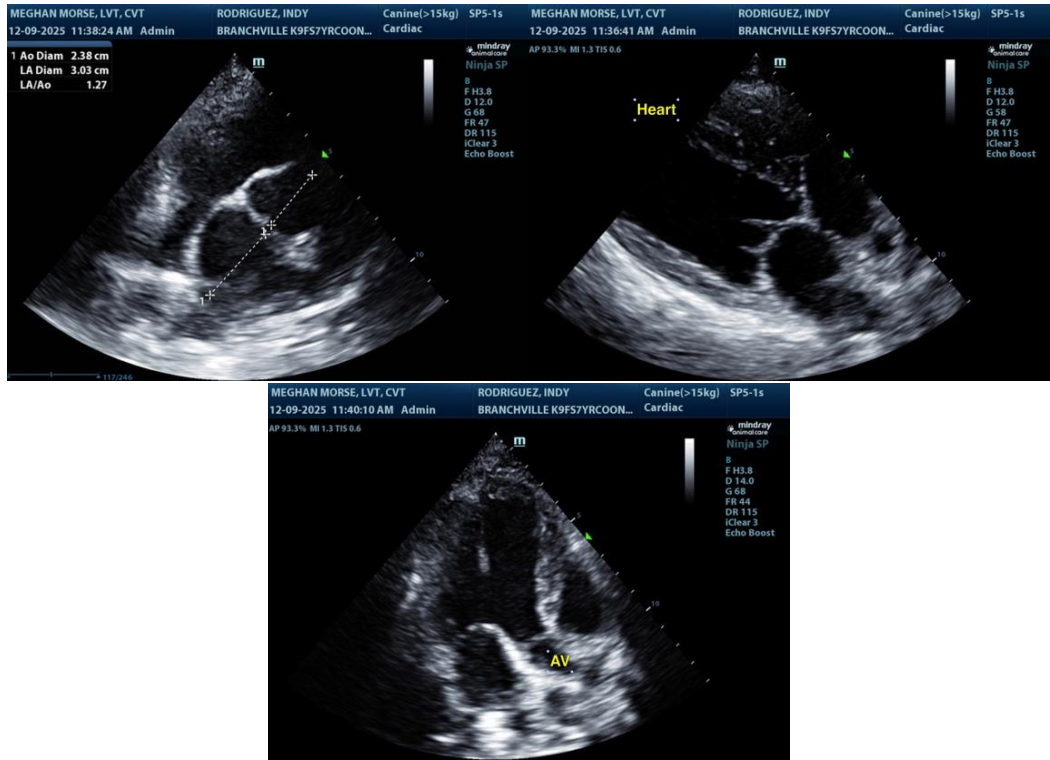
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com