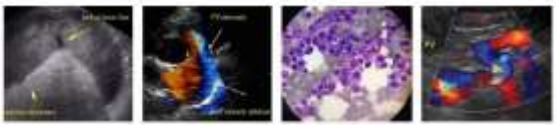

PATIENT

Bailey Wright

SPECIES

Canine

BREED

Golden Retriever

SEX

SF

AGE

12 years

WEIGHT

60.9 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Smithville AH

REFERRING VET

Hulzebosch

INVOICE

13231

DATE

2/1/22

PRESENTING CLINICAL SIGNS

Weight loss, newly heard arrythmia. Loss of appetite. On Zeniquin.
Abnormal PE/Chem/CBC/UA Results: Retics low, Platelets high, Albumin low, Globulin high, ALT and ALP both high, Urine sp grav-1.014, T4 normal.

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	5.0	1.5		1.3	30.2	61.3	0.4
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	NM	1.4	1.0		4.8	4.3	

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 subtle subjective thickening with normal extension in systole, and union in diastole with normal kinesis. Mild, primarily centralized MR was present on color doppler assessment. 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 borderline to mild subnormal, as 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. Minor TR was present on color doppler assessment. 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). 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 overt evidence of Infiltrative myocardial neoplasia was present. Intermittent, unspecified arrhythmia was noted.

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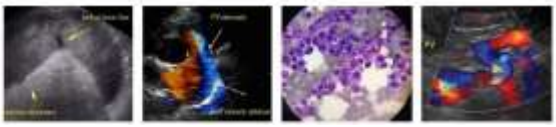

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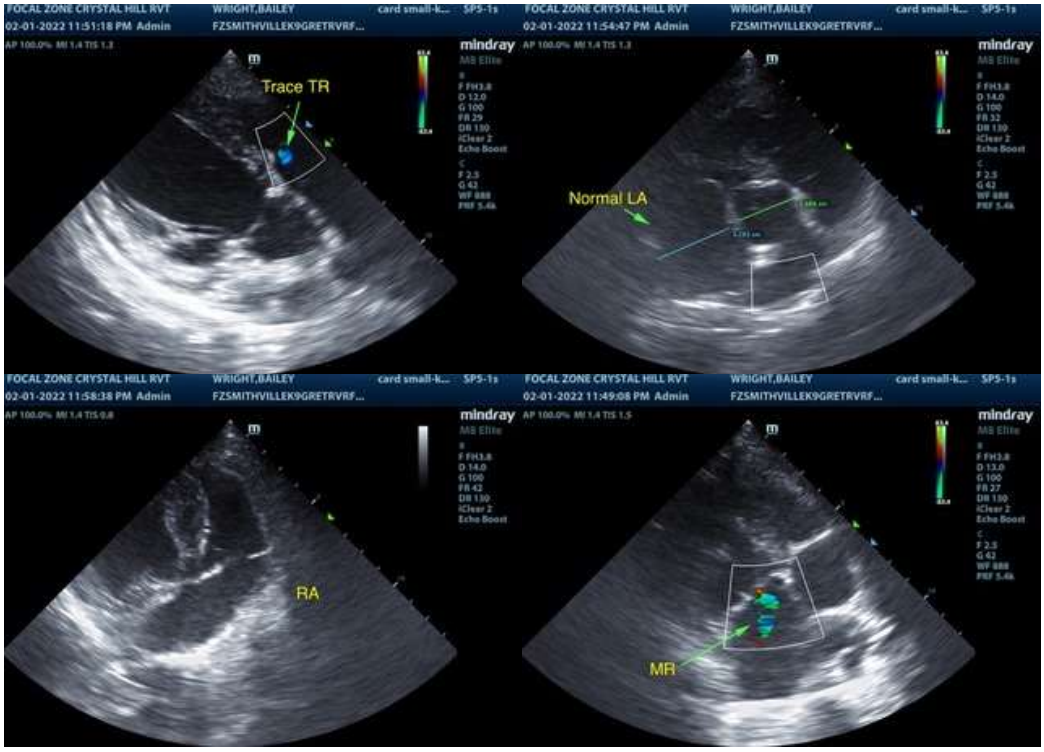
ULTRASONOGRAPHIC FINDINGS

- Structurally normal heart with borderline to mild LV hypocontractility - systemic disease, non-thyroid, endocrine disease may potentially present in this manner, DCM criteria is not present
- Intermittent unspecified arrhythmia
- Minor MR / TR - no evidence of clinical pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant structural cardiomyopathy with borderline to mild LV hypocontractility present. This is nonspecific yet potentially may be secondary to intraabdominal disease, given this patient's clinical signs and lab work abnormalities.

ECG assessment for further clarification of the intermittent arrhythmia is recommended. No indication for cardiac medications used to treat structural cardiomyopathy was evident. Pending additional diagnostics, including potential abdominal ultrasound in light of the patient's clinical signs and lab work abnormalities, sonographic monitoring of the heart may be required for further prognosis. Recheck echocardiogram could be considered in 6 months, sooner if clinical signs suggestive of cardiac disease arise.



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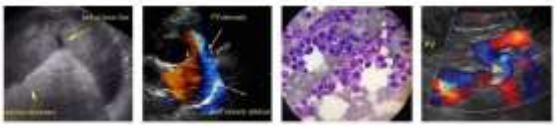

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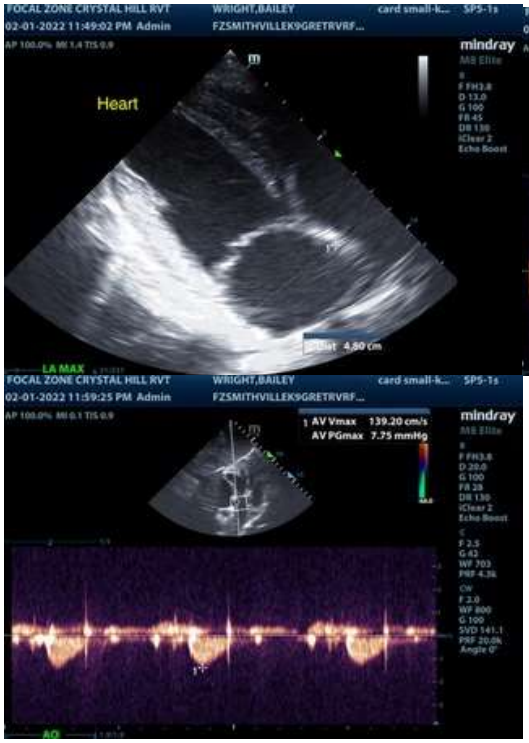

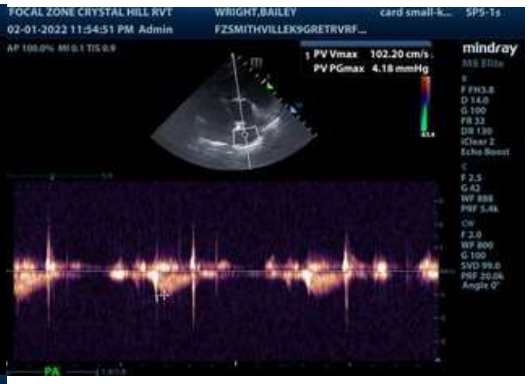

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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