



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Bo Broderick
PRESENTING CLINICAL SIGNS History: grade 2/6 left apical systolic murmur; non clinical. screening for anesthetic safety for dentistry. not on any meds.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Mixed

SEX

Neutered Male

AGE

7 Years

WEIGHT

10.7 Lbs.

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	5.8	2.9	1.26	1.12	36.6	69.2	0.18
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	93	1.1	0.6	--	2.2	2.15	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Lovell

INVOICE

13925

DATE

2/14/22

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented minor vegetative thickening suggestive of mild to early endocardiosis. Doppler indicated measurable moderate eccentric insufficiency. 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 minor thickening with potential for subtle septal leaflet prolapse and concurrent TR. 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 infiltrative disease was visible. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Compensated eccentric MR
- Normal left atrium



PATIENT

- Mild TR- estimated pulmonary pressure gradient not consistent with clinical pulmonary hypertension

Bo Broderick

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

The cause of the murmur is consistent with early chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. Concurrent, subjective mild thickened TV valve and TR was present yet not considered clinically significant. The hemodynamic effects of the MR at this stage appeared to be mild without evidence of LA enlargement and indicated that the risk of current and future complication is low at this time. No indication for cardiac medications. No anesthetic contraindications. Recheck echocardiogram suggested in 6 months to assess further prognosis or sooner if clinical signs arise.

Canine

BREED

Mixed

SEX

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.

Neutered Male

<https://www.antechdiagnostics.com/cadet-braf>

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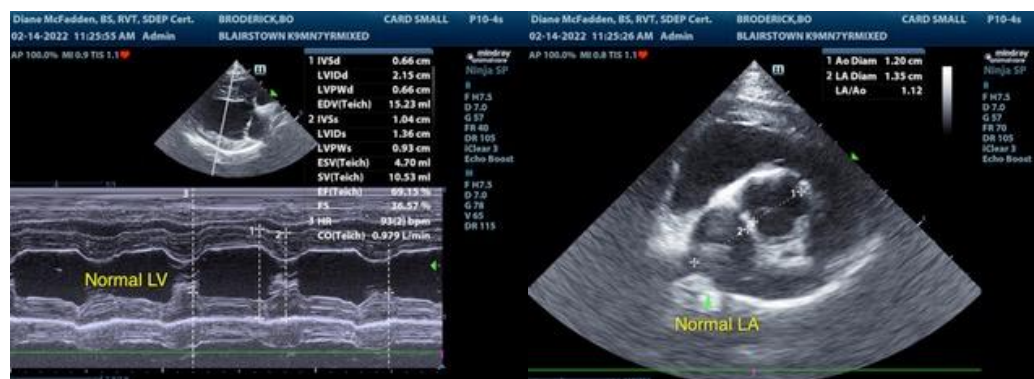
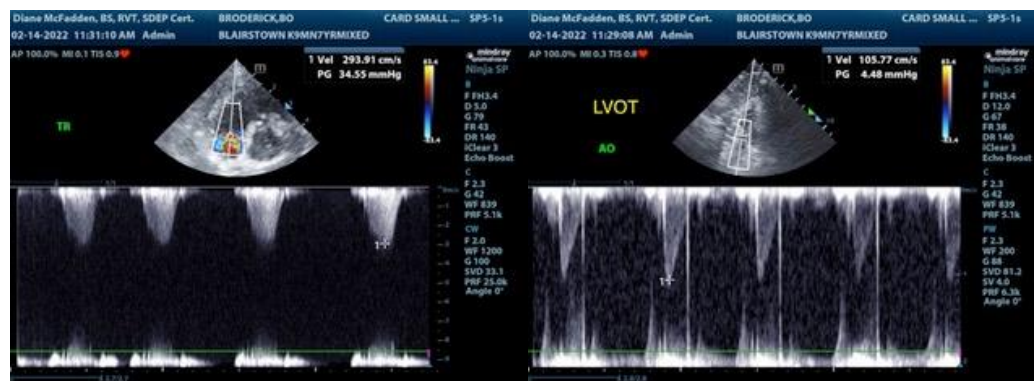
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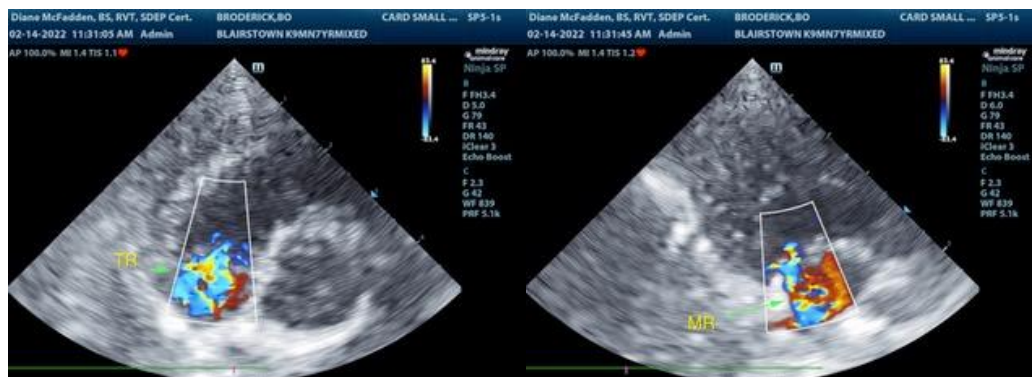
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(Canine and Feline)

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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