



## PATIENT

Bascom Rosandich

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

MN

## AGE

3 years

## WEIGHT

97.5 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kim Liedberg

## HOSPITAL NAME

SVS Imaging WI

## REFERRING VET

Dr Susmilch,  
Franksville Veterinary  
Clinic

## INVOICE

13378

## DATE

2/16/22

## PRESENTING CLINICAL SIGNS

Recheck echo from previous 3/6 basilar heart murmur heard on exam back in 2020. DX: Subaortic stenosis

## 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                   |               |               |                     | 1.3                     | 37.5                            | 70.9                                     | 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             | BELOW                   | BELOW                           | BELOW                                    | BELOW                                    |
| PATIENT                   | 109           | 3.2           | 1.0                 |                         | 4.0                             | 4.0                                      |  |

## 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. Potential for minor MR is possible yet not definitive. 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 turbulent to dynamic systolic flow with aortic valve insufficiency present on color doppler assessment. Elevated LVOT velocity was present. 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). 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

### Primary Findings

- Static subaortic stenosis



**PATIENT**

- Aortic valve Insufficiency

Bascom Rosandich

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

The elevated LVOT velocity continues to indicate mild subaortic stenosis with overall static appearance of the heart compared to the previous ultrasound. No evidence of left ventricle hypertrophy was present. Likewise, no other clinical issues such as left atrium enlargement, systolic dysfunction, or additional valvular insufficiencies were present. No indication for cardiac medications was evident. Continued monitoring at this time would be appropriate. Recheck echocardiogram is suggested in 6-9 months, sooner if clinical issues arise.

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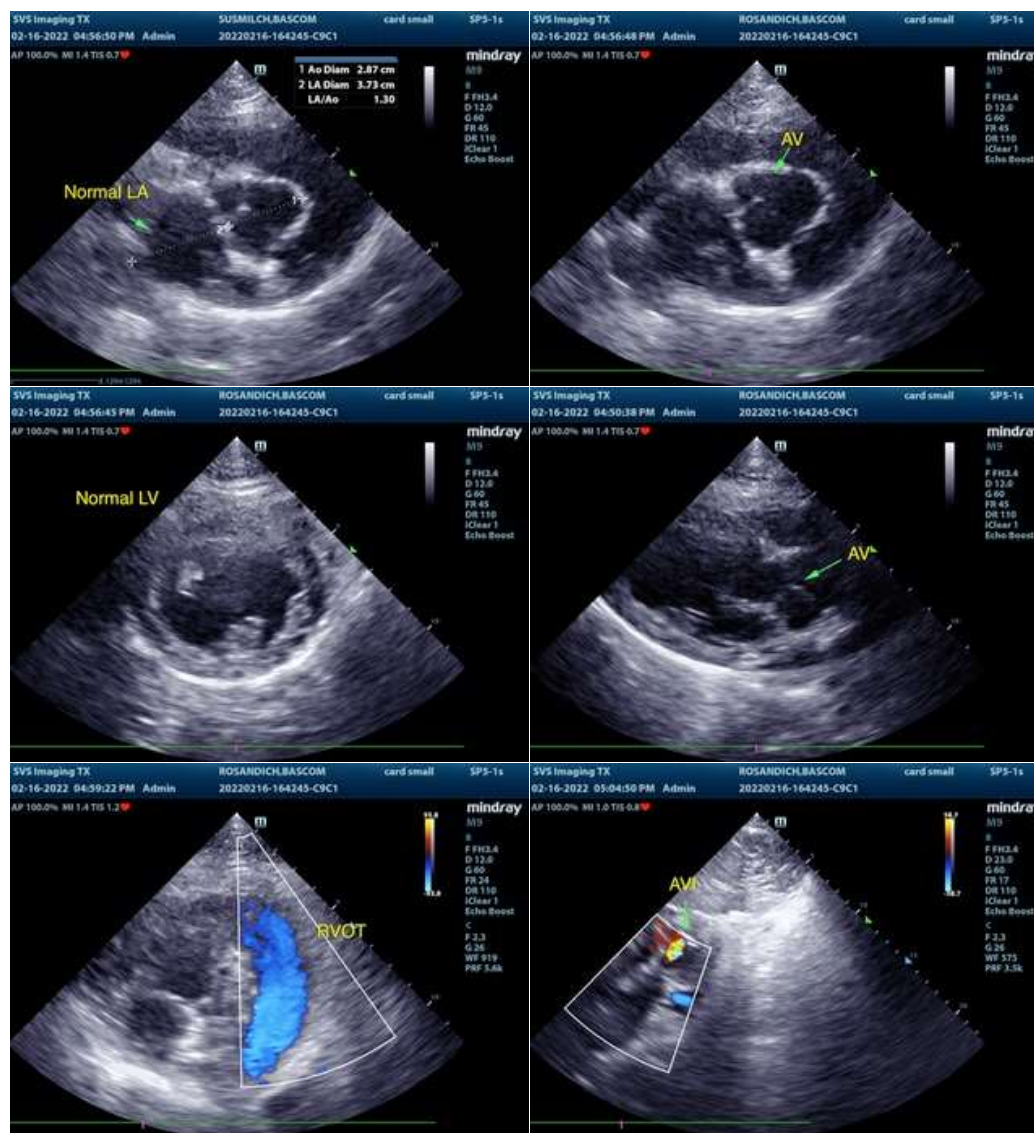
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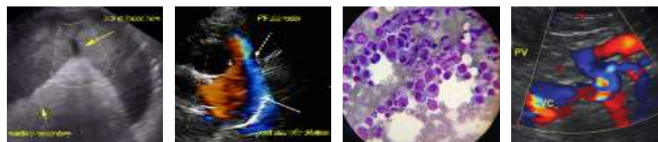
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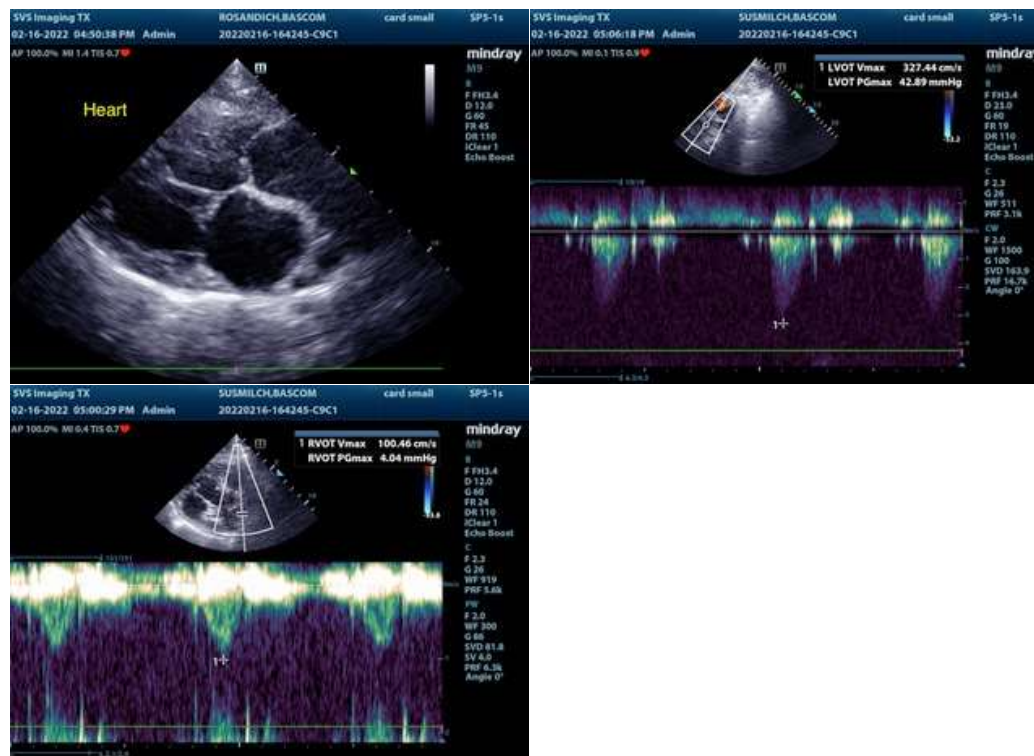
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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