



PATIENT

Caxi Silverstein

SPECIES

Canine

BREED

Boxer

SEX

FS

AGE

5 years

WEIGHT

76.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Veterinary Wellness
(Glen Rock)

REFERRING VET

Dr. Sepulveda

INVOICE

16280

DATE

2/23/23

PRESENTING CLINICAL SIGNS

Patient presents for systolic heart murmur, grade 1/6 - prior to mass removal.

No current meds.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT			1.2	1.3	44	79	0.24
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)	(kg)	2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	105	1.5	1.2		3.2	3.5	

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. Trace MR was present on Doppler. 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. Normal measured LVOT velocity was noted. 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). 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. No evidence of arrhythmia was present.



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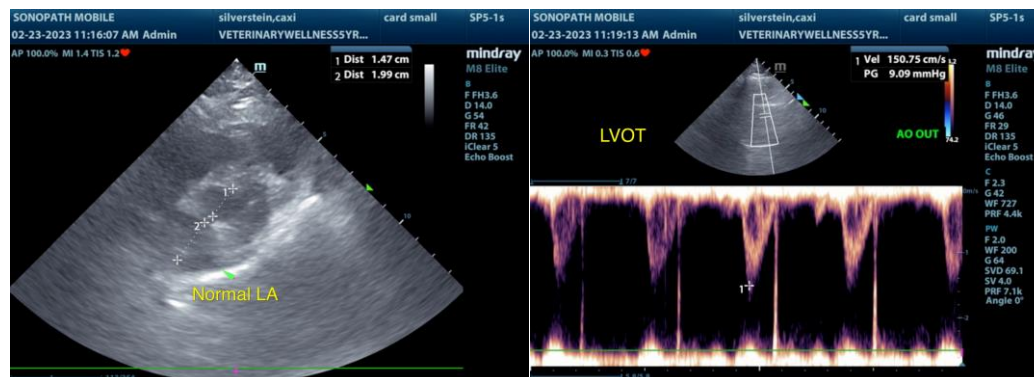
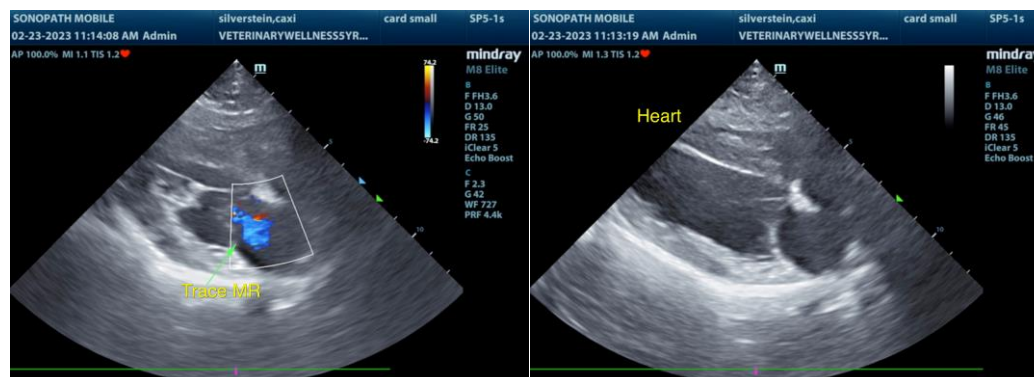
ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram
- Trace MR

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Normal cardiac structure and function were present without evidence of clinical issues such as arrhythmia, given the breed, LV systolic dysfunction, significant valvular insufficiencies, or evidence of stenotic disease. Trace MR was present on Color Doppler, yet not likely audible and not considered clinically significant, given no evidence of LA/LV enlargement. Assuming no evidence of dehydration or anemia, a benign physiologic / flow murmur is suspected. Regardless, the hemodynamic effects of the murmur are minimal, given the lack of left or right heart chamber enlargement.

Conservative monitoring of the murmur is recommended. No anesthetic contraindications. Recheck echocardiogram may be considered in 8-12 months, sooner if murmur intensity increases.





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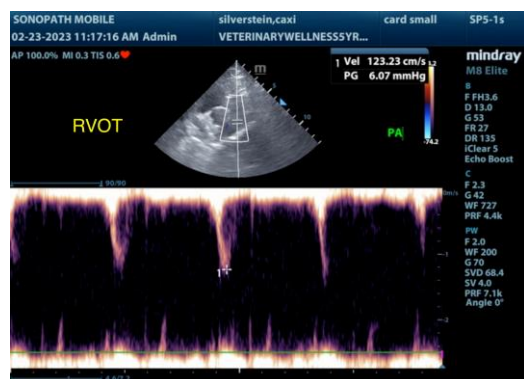
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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