



**PATIENT**

Saintbernard 226  
petshop

**SPECIES**

Canine

**BREED**

St Bernard

**SEX**

M

**AGE**

12wk

**WEIGHT**

12lb

**PRESENTING CLINICAL SIGNS**

heart murmur , want to know if can fit for sale

Abnormal PE/Chem/CBC/UA Results: grade 3 heart murmur

**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	--	--	--	1.1	50	82	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LAD LA MAX 4 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	NM	1.8	12lb	2.6	2.8	--

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Samuel Gabriel

**HOSPITAL NAME**

Samuel Gabriel

**REFERRING VET**

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**INVOICE**  
29006

**DATE**  
02/26/2026

**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 subjective mild thickening with normal extension in systole, and union in diastole with normal kinesis. Mild eccentric MR 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 dynamic outflow pattern with overall normal subjective structural integrity. Dynamic flow noted in the area of the membranous VSD into the area of the right ventricle suggestive of a small ventricular septal defect. Left ventricle outflow velocity was not obtained. 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 overt 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). Borderline increased measured RV outflow velocity. No visible pericardial or free pleural fluid was noted. The cranial mediastinum and pericardial and extra-cardiac regions were free of masses in the visible window.

**ULTRASONOGRAPHIC FINDINGS**

Primary



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- Suspect small VSD
- Dynamic LV outflow pattern
- Subjective mild thickened mitral valve leaflets with a mild eccentric MR

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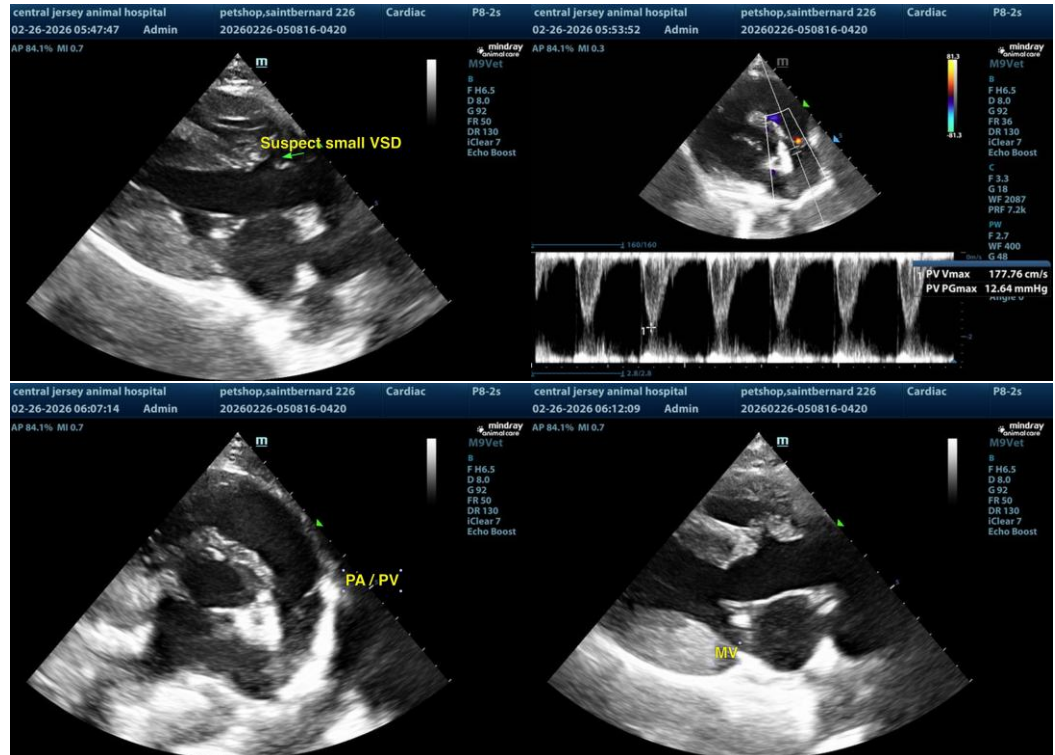
**WEIGHT**

12lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Aside from suspect small VSD, contributing factors to the murmur such as LV outflow abnormality given non-measured LV outflow velocity or potential minor mitral valve dysplasia given mild eccentric MR may be possible. PDA criteria was not overtly met. Cardiologist assessment for further clarification strongly recommended.

Pending further assessment, this patient is deemed unfit for sale.



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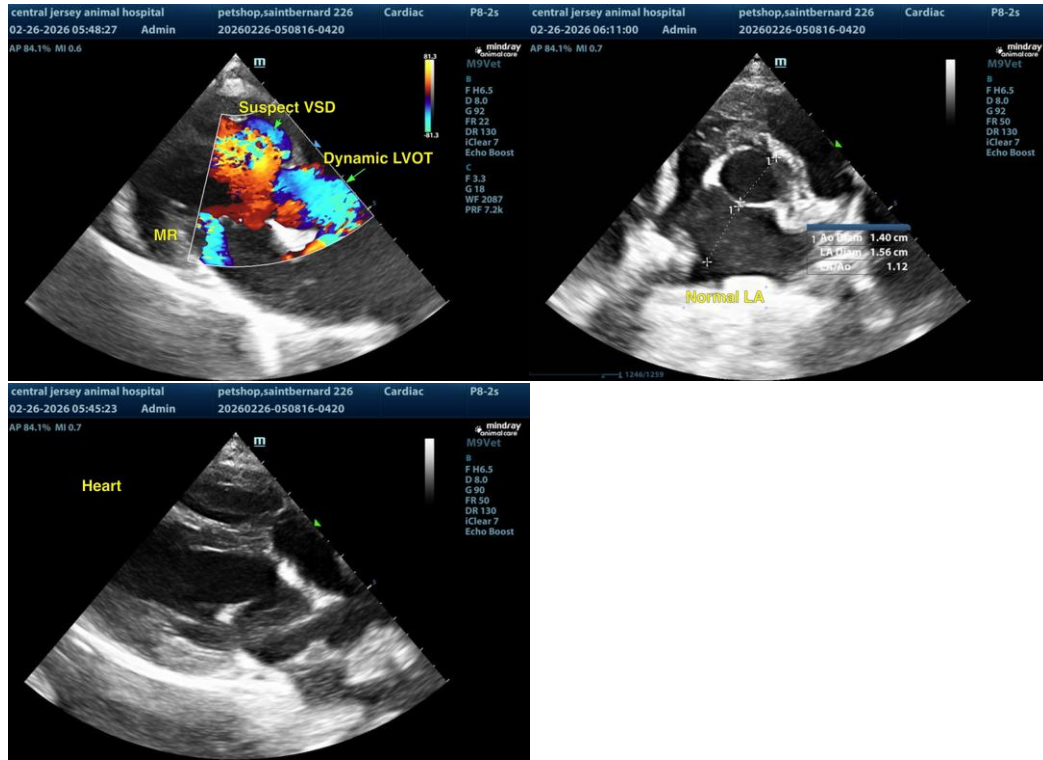
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)