



PATIENT

Blitz Pyott

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

9.9 Years

WEIGHT

64.4 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

**IMAGING
PERFORMED BY**

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal
Hospital

REFERRING VET

Dr. Andrew McManus

INVOICE

13575

DATE

02/03/26

PRESENTING CLINICAL SIGNS

- Employee Pet. Sedated with butorphanol.
- - Here for recent workup for suspect PU/PD
- - New Grade I L systolic murmur ausculted
- - Patient is aclinical

Abnormal PE/Chem/CBC/UA Results: Diagnostics - Thoracic rads - NSF other than mild chronic bronchitis. VHS 10.1 VLAS 1.53 - Blood Pressure 165 mm HG systolic - Pro BNP 1750 (0-900) - Chem/CBC/T4/UA - NSF UA - USG 1.029 with quiet sediment

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	--	--	NM	1.4	30	58	0.5
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (lbs)	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	1.4	0.85	64.4	3.8	3.7	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** dimension based on 2 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. No evidence of 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 to borderline 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. Normal measured LVOT velocity. 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 evidence of 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



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diameter (approx.1:1 pa/ao ratio). No visible pericardial or free pleura fluid was noted. Normal measured RVOT velocity. The cranial mediastinum and pericardial and extra-cardiac regions were free of masses in the visible window.

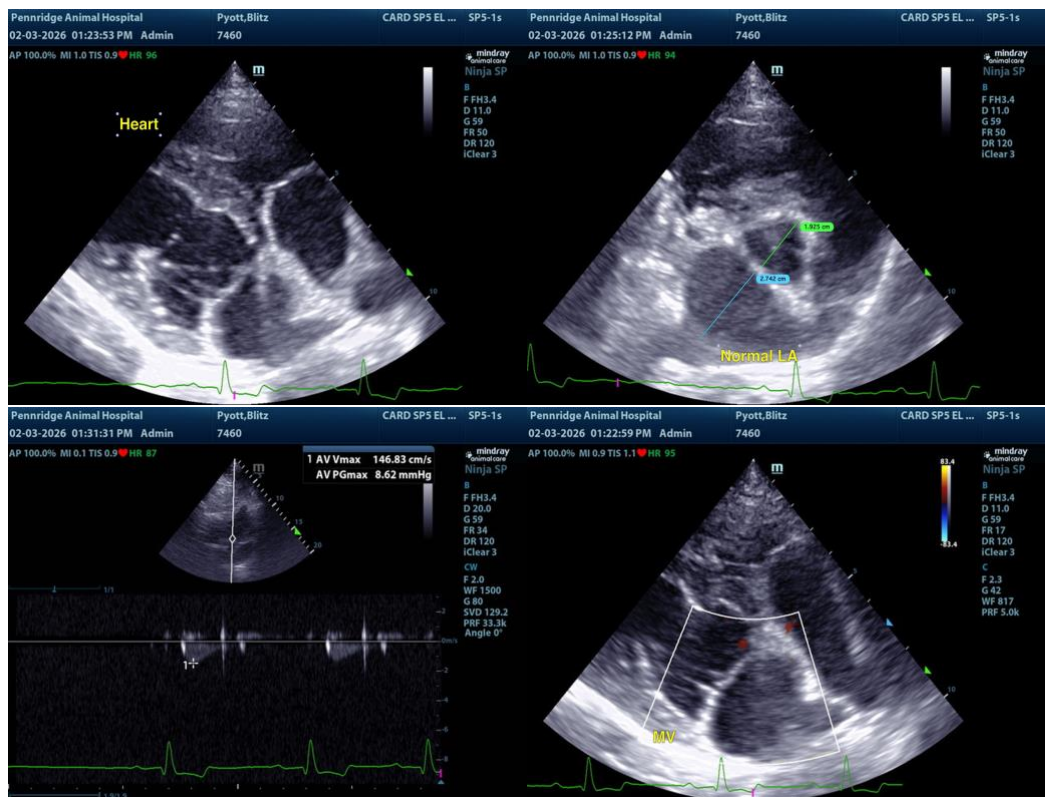
ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram with borderline subnormal LV contractility.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of clinical issues such as left or right heart chamber enlargement, DCM criteria, or overt significant valvular insufficiencies. The borderline subnormal LV contractility does not appear to be a clinical issue given no cardiac clinical signs and may be secondary to athletic state, systemic disease, hypothyroidism, etc. No indication for cardiac medications.

A definitive cause of the murmur was not identified. Assuming no volume changes such as dehydration or anemia, a benign flow murmur is probable. A small nonvisualized flow abnormality is not excluded. Regardless of classification, the hemodynamic effects of the murmur are low. Monitoring of the heart murmur is recommended without indication for cardiac medications. Recheck echocardiogram is recommended in 6-12 months, sooner if murmur intensity increases or clinical signs arise.





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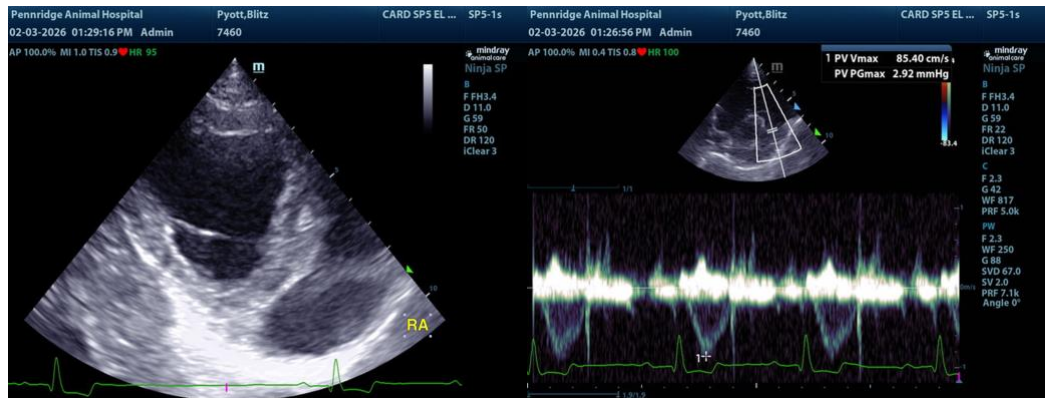
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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