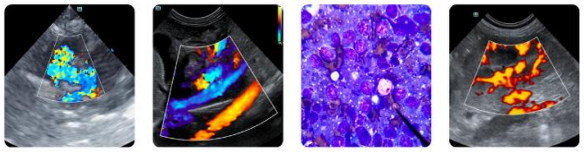


PATIENT

Penny Minnaar

SPECIES

Canine

BREED

Golden Doodle

SEX

FS

AGE

6yr

WEIGHT

34lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse LVT CVT

HOSPITAL NAME

Wyckoff Veterinary Hospital

REFERRING VET

Dr. Eisenberg

INVOICE
24183

DATE
03/13/2026

PRESENTING CLINICAL SIGNS

Grade 3/6 heart murmur and what appears to be a sinus arrythmia

Abnormal PE/Chem/CBC/UA Results: WNL

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	--	--	--	1.27	50	83	0.2
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	2.4	1.5	34lb	2.8	2.7	--

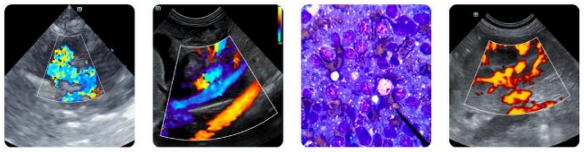
Cardiac Presentation

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 normal linear structure, extension in systole, and union in diastole with normal kinesis. No overt 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 normal laminar flow and subjective structural integrity. Mild increased 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 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). Normal measured RVOT 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. No evidence of arrythmia.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal cardiac structure/ function



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- Mild increased measured LV outflow velocity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No clinical issues such as left /right heart chamber enlargement, LV systolic dysfunction, overt significant valvular insufficiencies or current arrhythmia. The only source of the murmur is the mild increased measured LV outflow velocity, which without evidence of structural or valvular pathology, essentially classifies as a flow murmur. A smaller non-visualized flow abnormality cannot be definitively excluded. Regardless, the hemodynamic effects of the murmur appear low. No indication for cardiac medication.

Conservative monitoring of the murmur going forward is advised. Recheck echo suggested in 6 - 12 months, sooner if increase in murmur intensity or if clinically indicated. Monitoring of ECG for further assessment of the arrhythmia is recommended.

Current anesthetic risk considered low. The following protocol is recommended. 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.

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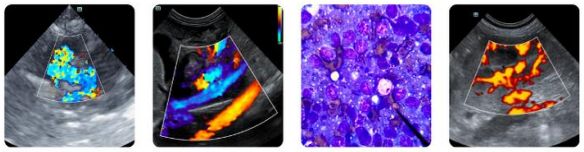

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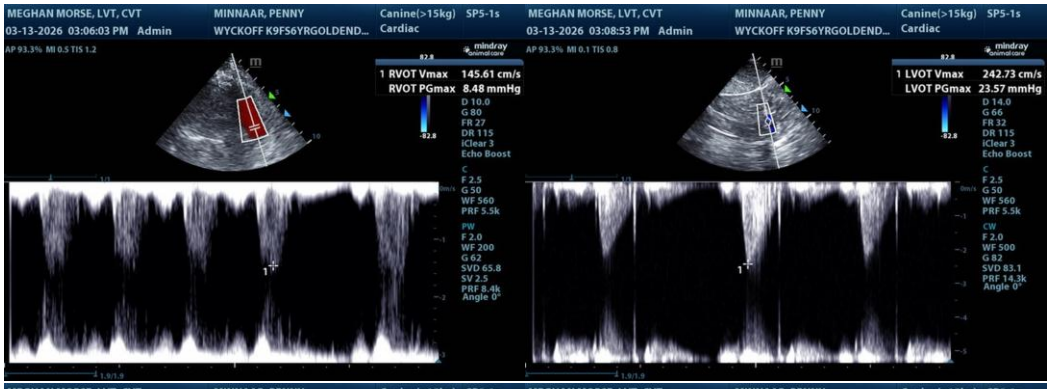

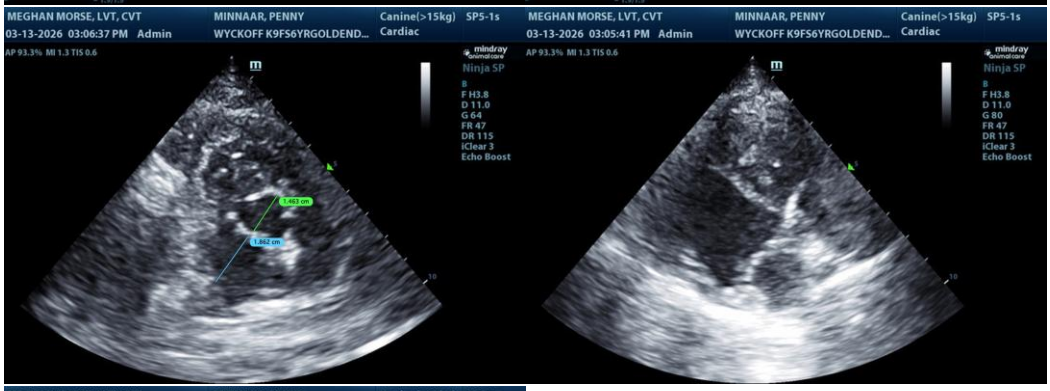

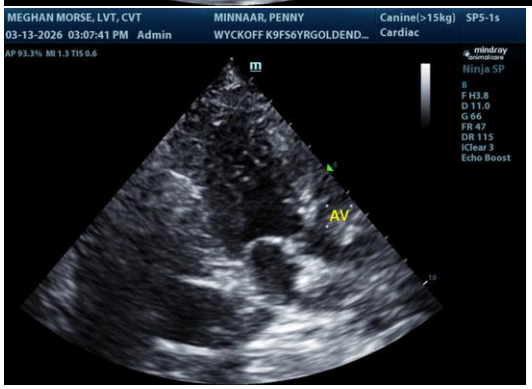

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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