



PATIENT

Pootie Gaucher

SPECIES

Canine

BREED

Toy Poodle

SEX

F/S

AGE

9 years

WEIGHT

2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meredith Swart

HOSPITAL NAME

Swart Veterinary
Imaging

REFERRING VET

Dr. Meredith Swart

INVOICE

16361

DATE

3/14/23

PRESENTING CLINICAL SIGNS

No murmur auscultated today but possible history of murmur in the past. Patient in need of dental surgery so echo is pre-operative today. ECG showed tall P waves and said they could suggest RA enlargement but could also be a normal variant. Patient also has history of IBD, as well as severe dental disease.

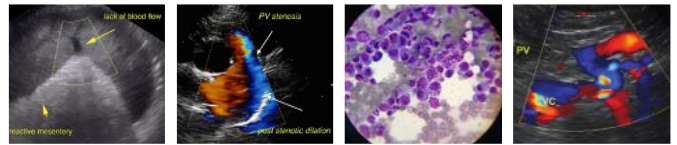
Abnormal PE/Chem/CBC/UA Results: none reported

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	<1.3	28-40	40-100	<0.6
PATIENT				1.5	54	86	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				
PATIENT	NM	1.0	1.1		1.8	1.74	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented mild subjective thickening suggestive of mild to early endocardiosis. Doppler indicated mild MR. 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. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** 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. No echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.



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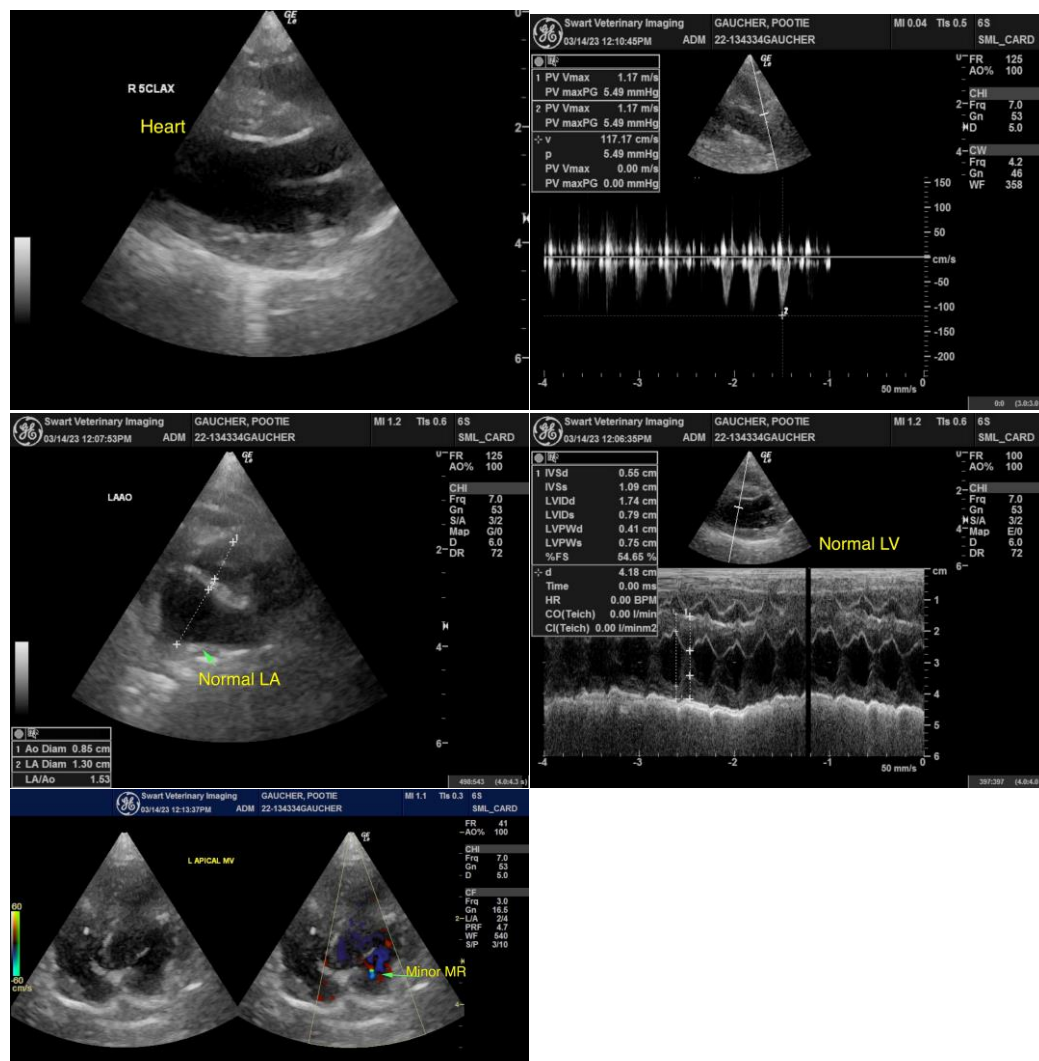
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ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure and function
- Mild MR

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy, including no clinical issues such as LV systolic dysfunction, left or right heart chamber enlargement, or evidence of clinical pulmonary hypertension. given the possible history of murmur, mild MR is suspected which may be intermittently audible or potentially inaudible at this stage. Regardless, the lack of left or right heart chamber enlargement indicates that any potential murmur in this patient is of nonclinical hemodynamic significance. There is no indication for cardiac medications. There are no anesthetic contraindications. Monitoring for progressive murmur going forward would be reasonable. Recheck echocardiogram is suggested if murmur intensity increases, potentially in 12 months, sooner if clinically indicated.





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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.

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