



PATIENT PRESENTING CLINICAL SIGNS

Heidi Rescue Puppy mill dog, 5/6 murmur

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SPECIES

Canine

BREED

Yorkie Mix

SEX

F

AGE

2022

WEIGHT

8.6

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC	VMAX	VMAX	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
PARAMETERS	(m/s)	(m/s)					
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT				1.4	42	74	0.2
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC	(BPM)	VMAX	MAX	(kg)	2D short axis Base view	Avg; 2D and m-mode short axis	Avg; 2D and m-mode short axis
PARAMETERS		(m/s)	(m/s)		(cm)	(cm)	(cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	100	1.7	1.9		2.9	3.1	

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Pennsylvania Mobile

REFERRING VET

Dr. Bandekar

INVOICE

16410

DATE

3/21/23

Cardiac Presentation

Overtly normal mitral valve leaflets were present without evidence of prolapse into the left atrial lumen. No overt MR was noted on Doppler assessment. Mild increased left atrial size and dimension were noted. Concurrent mild increased LV diameter was noted with normal LV myocardial function. Normal appearance of the LV walls was noted without evidence LV myocardial thickening. Tricuspid valve appeared to be normal with no obvious insufficiency. Normal size and appearance are noted in the right atrium and right ventricle. Subjective mildly prominent pulmonary artery with turbulent to dynamic blood flow on doppler was noted at the level of the pulmonic valve and within the subjective visualized deep pulmonary artery potentially at the level of the pulmonary artery bifurcation. Borderline increased measured RVOT velocity was present. Overtly normal sonographic appearance is noted in the visualized pulmonic valve. Overtly normal aortic valve with normal morphology and mobility was present. Normal measured LVOT velocity was noted. No pericardial or pleural effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged LA / LV
- Turbulent / dynamic blood flow in pulmonary artery, overtly normal pulmonic valve
- Normal RA / RV



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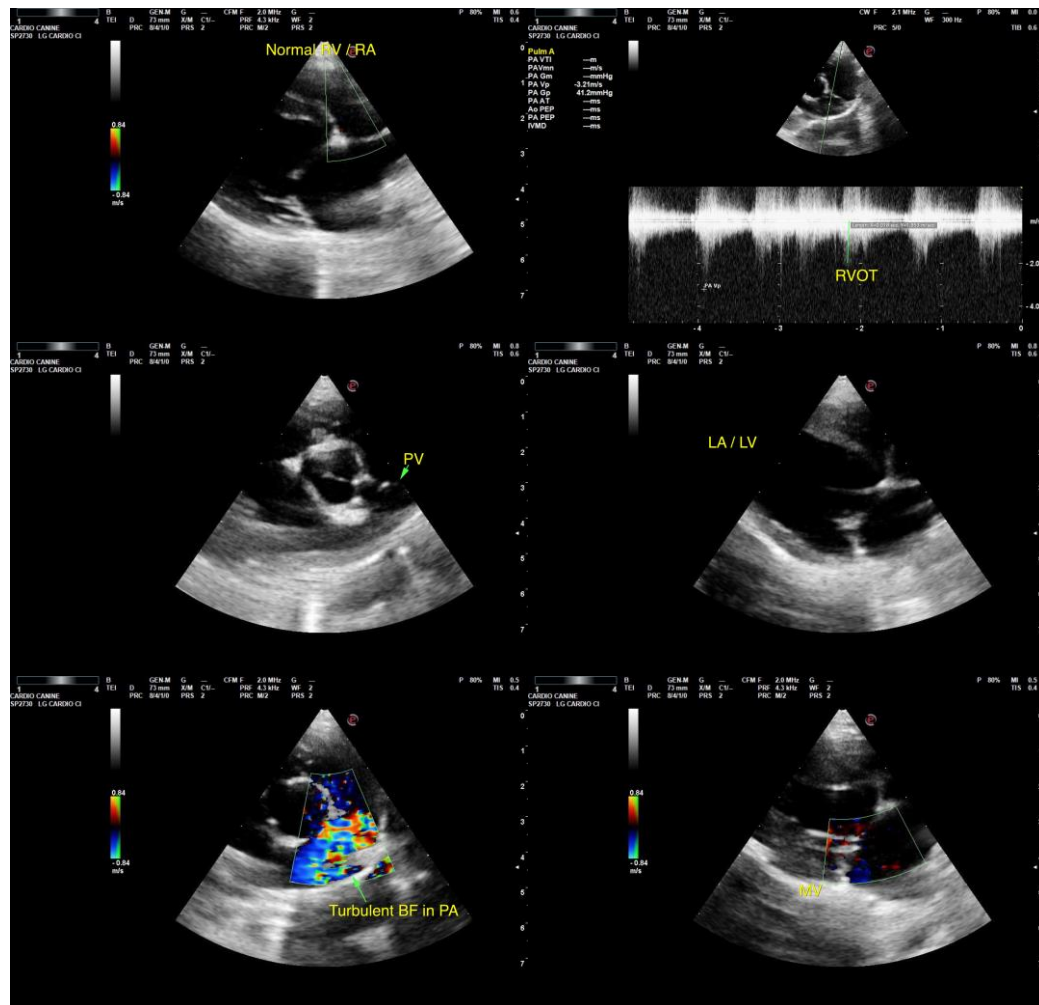
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the turbulent to dynamic blood flow within the pulmonary artery in conjunction with mild increased LA / LV dimension and without definitive evidence of pulmonary valve pathology or definitive / significant increased measured RVOT velocity, a primary concern for PDA is indicated. Some degree of mild pulmonic stenosis cannot be definitively excluded, yet no sonographic evidence was noted of right heart enlargement, suggestive of pressure overload.

Overall, the heart appears to be compensated at this stage. Ideally, referral to a local cardiologist for further assessment is strongly suggested if possible. Additional small shunt or defect cannot be definitively excluded. If a referral is not possible, close clinical monitoring and exercise restriction are advised. Recheck echocardiogram is suggested in 3-4 months, sooner if clinical signs arise.





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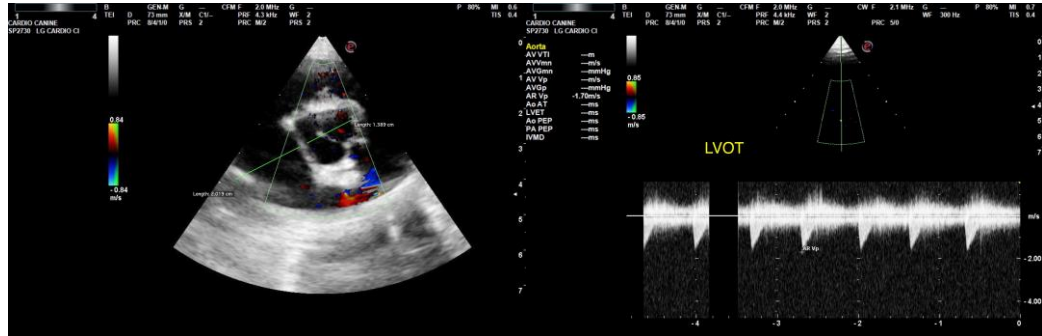
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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