



## PATIENT

Sven Misischia

## SPECIES

Canine

## BREED

Newfoundland

## SEX

MN

## AGE

6 years

## WEIGHT

132.9 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kelly Vazquez

## HOSPITAL NAME

Legacy AH

## REFERRING VET

Dr. Kristin  
Potenzzone

## INVOICE

16399

## DATE

3/21/23

## PRESENTING CLINICAL SIGNS

Patient presents for high Pro BNP at 1.044 - no obvious heart murmur. Pre-surgical for dental under general anesthesia. Screen heart.

Abnormal PE/Chem/CBC/UA Results: Blood work: WNL.

## 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	5.0			1.3	35	65	0.22
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	96	1.0	1.2		4.1	3.7	

### 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. Mild primarily eccentric MR was present on Doppler. The **left ventricle** presented normal 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. Normal measured RVOT velocity was noted. 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. 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 was noted. Tract pulmonic insufficiency (measuring 1.0 m/s) was present on Doppler. No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.



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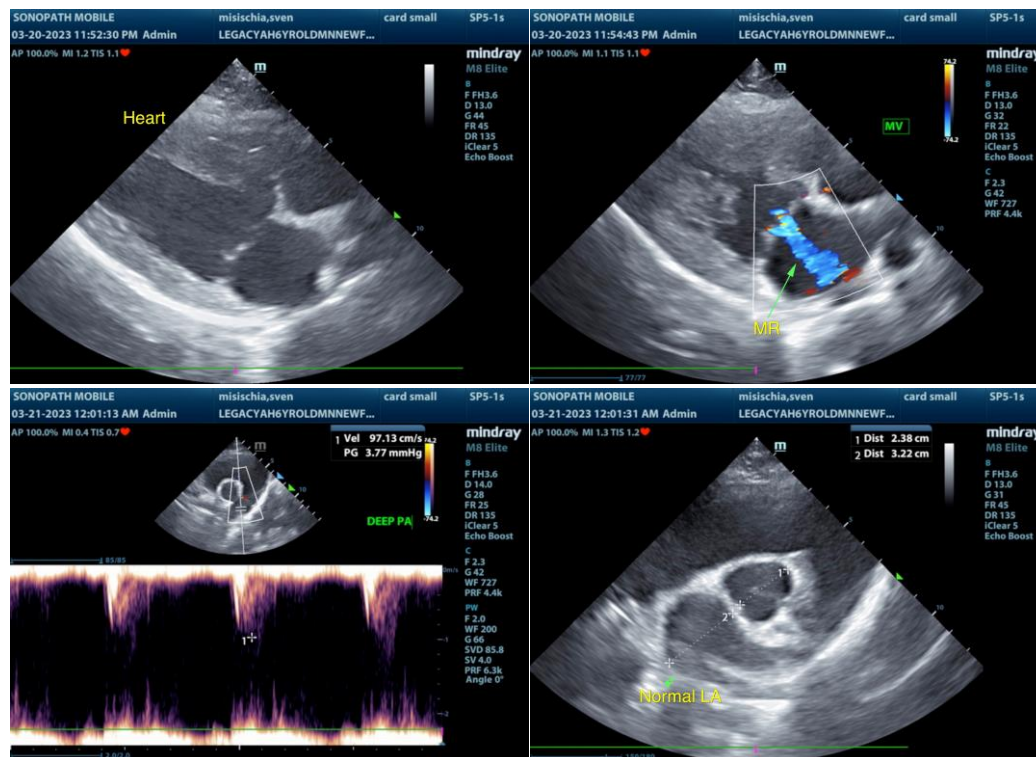
## ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function
- Mild eccentric MR
- Tract pulmonic insufficiency

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of overt structural or functional cardiomyopathy including no evidence of DCM criteria. The hemodynamic effects of the MR appear to be minimal at this stage, given the lack of left chamber enlargement. The tract pulmonic insufficiency is considered clinically incidental. No indication for cardiac medications. No anesthetic contraindications. The following anesthetic protocol may be considered. Recheck echocardiogram is recommended in 6-8 months, sooner if clinical signs suggestive of heart disease arise.

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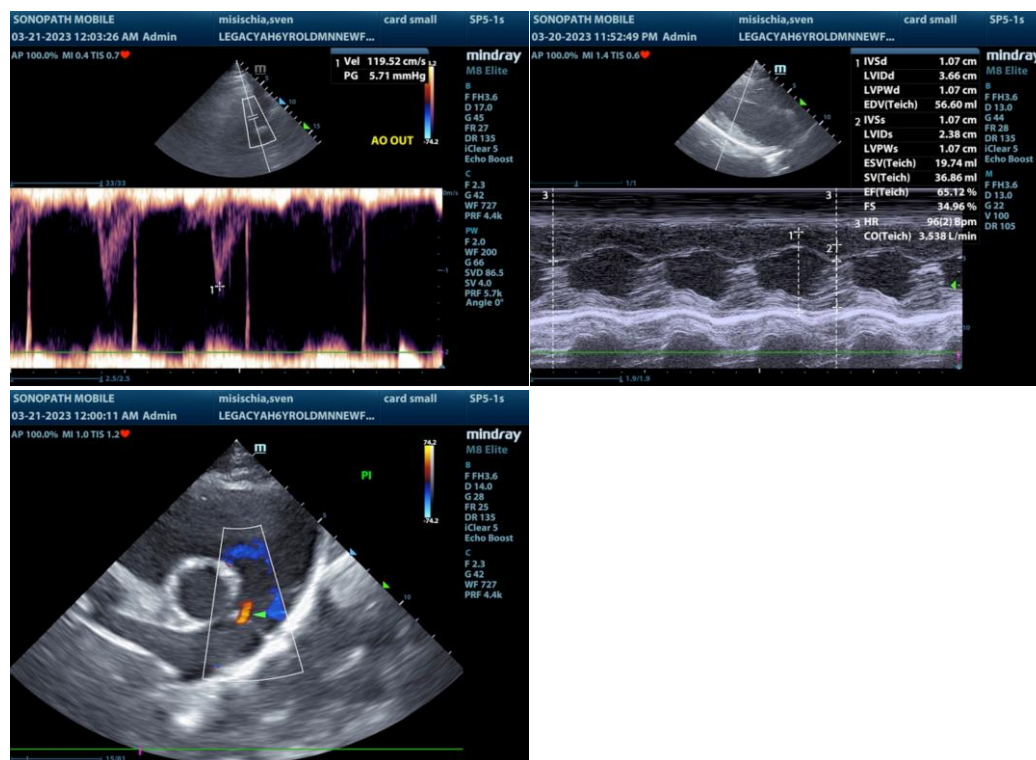
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com