PATIENT

Moose Engdahl

SPECIES

Canine

BREED

Standard Poodle

SEX

Male Neutered

AGE

10y

WEIGHT

64.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Becca Hamilton

HOSPITAL NAME

AH of Sussex

REFERRING VET

Dr. Lovell

INVOICE

13332

DATE

3/26/26

PRESENTING CLINICAL SIGNS

History:

- Intermittent arrythmia - nonclinical
- Patient needs anesthesia for Entropion repair
- Meds: Prednisone for IVDD

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	--	2.0	--	1.1	35	68	0.35
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (kg)	**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	1.7	0.65	--	3.6	3.5	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 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. Minor centralized MR noted 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. 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. Mild TR noted on doppler. Measured TR velocity 2.0 m/s. 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). No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum**

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and pericardial and extra-cardiac regions were free of masses in the visible window. Nonspecific arrythmia noted.

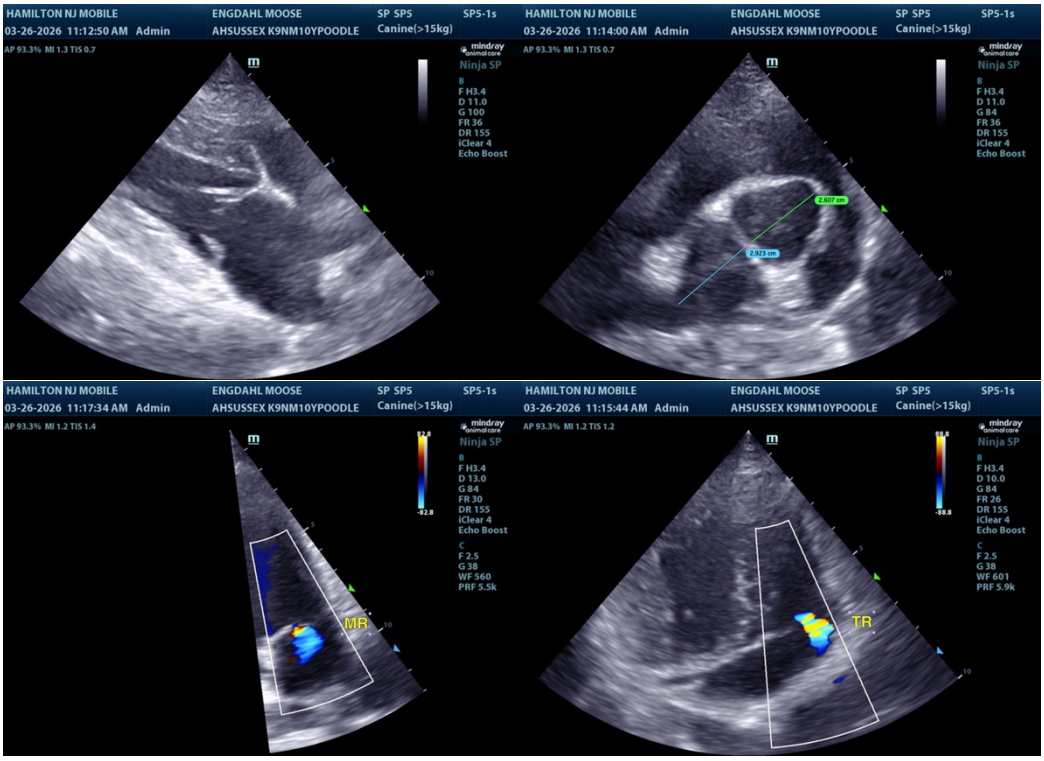
ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure with mild centralized MR (B1)
- Mild TV insufficiency – no evidence of pulmonary hypertension
- Nonspecific arrythmia

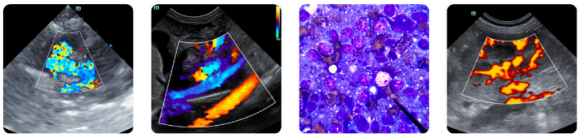
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural cardiomyopathy including no evidence of left/right heart chamber enlargement and adequate LV systolic function. The hemodynamic effects of the MR/TR at this stage appears low. No indication for cardiac medication. Cardiology consult regarding nonspecific arrythmia is recommended.

From a structural/functional cardiac standpoint, anesthetic risk is considered mild. It's considered mild pending further clarification of the nonspecific arrythmia. Echocardiographic reassessment recommended in 6-12 months, sooner if clinically indicated. 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.3-26



The information and recommendations provided are based on the images presented by the referring



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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