


PATIENT

Athena Ortega

SPECIES

Canine

BREED

PitBull Mix

SEX

FI

AGE

4mo

WEIGHT

28lb

PRESENTING CLINICAL SIGNS

Recent history of possible exercise intolerance. Patient seeming to become cyanotic yesterday during initial exam. Low grade murmur auscultated left apex. Radiographs yesterday appear unremarkable with cardiac silhouette appearing subjectively normal in size, no edema/effusions seen. No other overt abnormalities seen on thoracic radiographs

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				1.1	37	72	0.24
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	1.3	1.3		3.0	3.1	

INTERPRETED BY

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

IMAGING PERFORMED BY

Meredith Swart

HOSPITAL NAME

 Swart Veterinary
 Imaging

REFERRING VET

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03/27/2023

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. 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. Normal 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 arrhythmia.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause of the patient's murmur was not evident without evidence of structural or functional cardiomyopathy. No evidence of clinical issues such as left or right heart chamber enlargement, LV



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systolic dysfunction, clinical pulmonary hypertension or overt valvular insufficiencies was present. If no volume changes such as dehydration or anemia are present, an intermittent benign or physiologic flow murmur is possible although a small flow abnormality or shunt cannot be definitively excluded. No overt evidence of arrhythmia present.

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If continued episodes of exercise intolerance or cyanosis a recheck echocardiogram, ECG assessment or potential Holter monitor with referral to local cardiologist for further clarification may be indicated. A full CBC/Chem/UA to assess for underlying metabolic disease as a contributing factor is suggested.

BREED

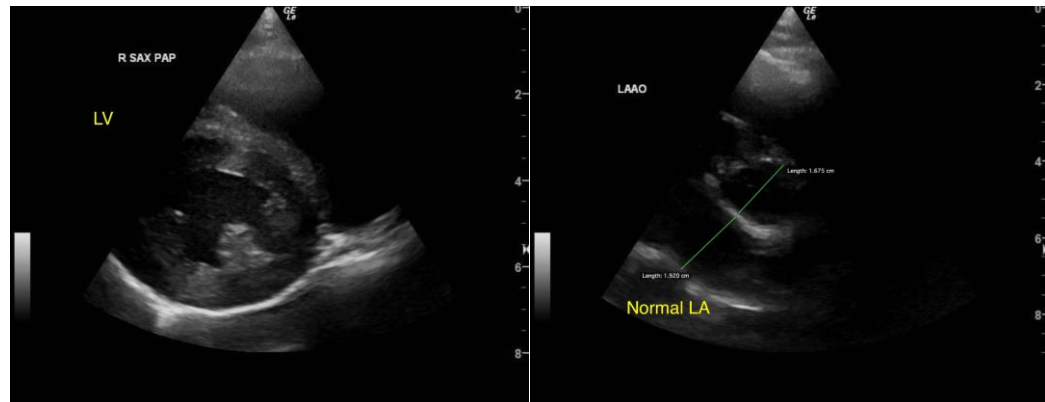
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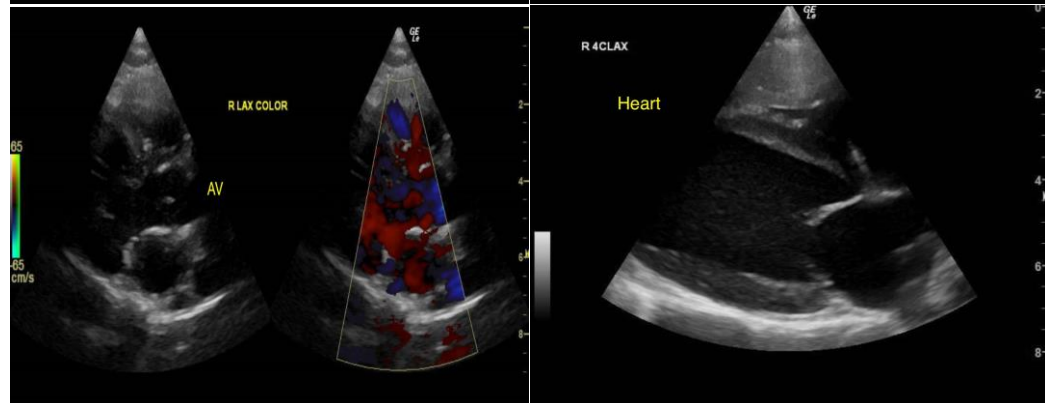
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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