


PATIENT

Marigold Eisner

PRESENTING CLINICAL SIGNS

No overt history - presented for ear infection in 2022 where an irregular-irregular rhythm was noticed.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Oct 2022 - Mobitz type II AV block. Feb 2023 - grade II/VI systolic murmur on general health exam, no arrhythmias. Today: Regular rhythm, no murmur, 142mmHg on doppler.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
BREED

Goldendoodle

SEX

FS

AGE

5

WEIGHT

18.7

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			1.3	1.3	46	800.2	
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	1.5	1.0		2.5	2.4	

INTERPRETED BY

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

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. Trace MR present 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

IMAGING PERFORMED BY

Sorbo

HOSPITAL NAME

 Mill Brook Animal
 Clinic

REFERRING VET

Sorbo

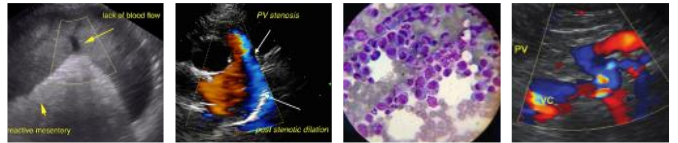
ULTRASONOGRAPHIC FINDINGS
INVOICE

13289ag

- Normal cardiac structure/function.
- Trace MR.

DATE

03/27/2023



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy was present in this study including no evidence of clinical issues such as left/right heart chamber enlargement, LV systolic dysfunction or clinical pulmonary hypertension. No evidence of current arrhythmia. The trace MR is likely incidental and not considered clinically significant. No indication for cardiac medications. Recheck echocardiogram is suggested if persistent murmur develops or if further evidence of arrhythmia.

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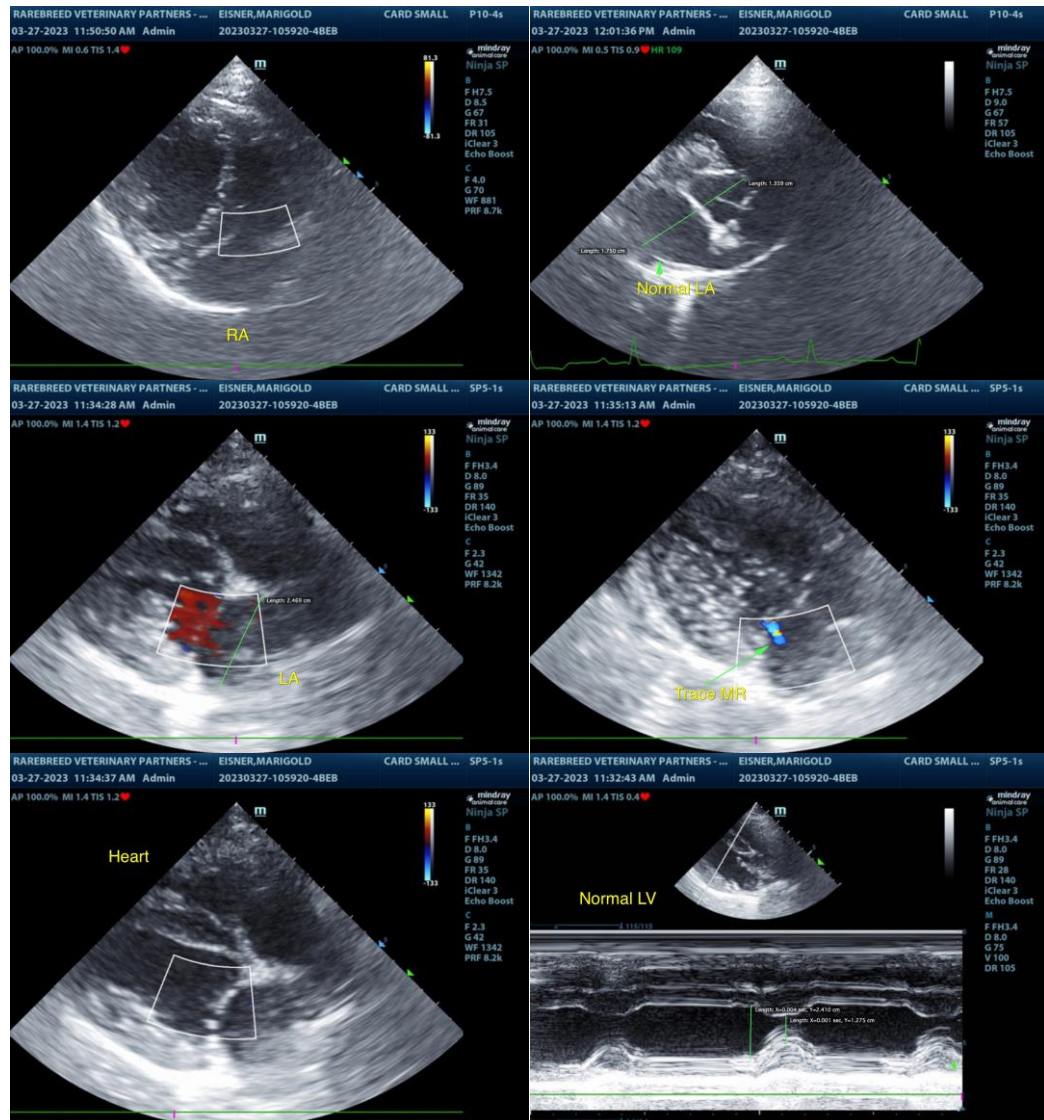
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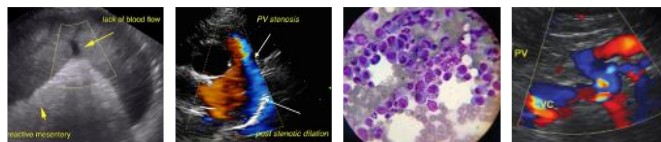
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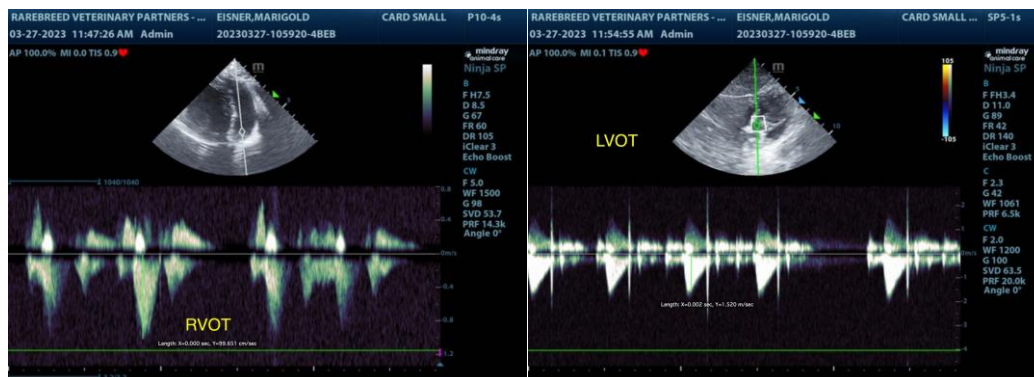
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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mac.daniel@sonopath.com