



PATIENT PRESENTING CLINICAL SIGNS

Millie Ashley Murmur grade 1-2 new murmur

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SPECIES

Canine

BREED

Goldendoodle

SEX

FS

AGE

6yr

WEIGHT

20lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Wyckoff VH

REFERRING VET

Dr Scott

INVOICE
24309

DATE
03/27/2026

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	--	--	--	1.3	45	78	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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	--	1.3	0.83	20lb	2.8	2.6	--

Cardiac Presentation

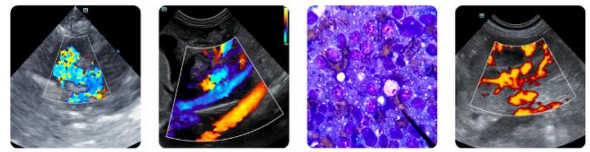
The echocardiogram in this patient demonstrated normal left atrial size based on 2 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal mitral valve leaflets presented mild thickening consistent with mild endocardiosis. Doppler indicated mild eccentric MR. 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 or chamber overload. Tricuspid valvular assessment demonstrated adequate linear morphology. The right ventricle was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Pulmonic 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. No echographically detectable evidence of infiltrative disease was visible. The cranial mediastinum and pericardial regions were free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal cardiac structure / function
- Mild mitral valve insufficiency (B1)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



PATIENT

Millie Ashley

The cause of the murmur is mild eccentric mitral valve insufficiency. No other clinical issues such as LV systolic dysfunction, left / right heart chamber enlargement, additional valvular insufficiencies or stenotic disease. The lack of LA enlargement indicates the current and future risk of complication is low. No indication for cardiac medications.

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Conservative monitoring of the murmur going forward is advised with recheck echo suggested in 8 - 12 months, sooner if the increase in murmur intensity or if clinically indicated.

BREED

Goldendoodle

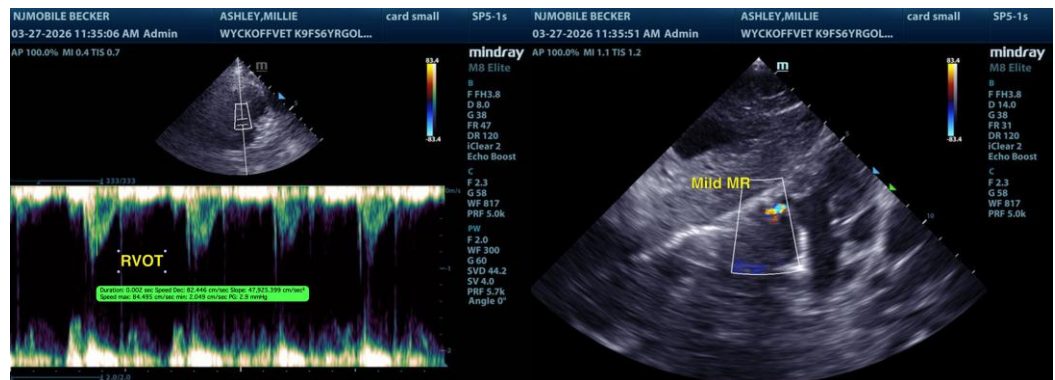
No anesthetic contraindications.

SEX

FS

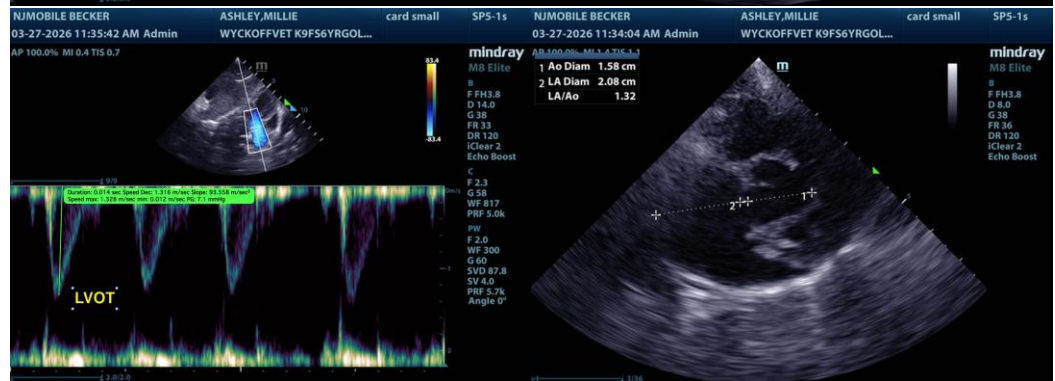
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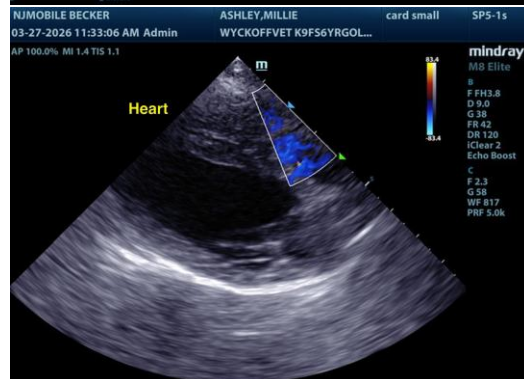
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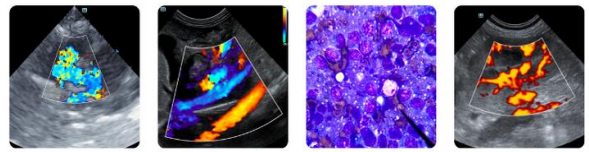
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not

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PATIENT

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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

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