



PATIENT

Cooper Murillo

SPECIES

Canine

BREED

Shih Tzu

SEX

Male

AGE

8 months

WEIGHT

12.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

16597

DATE

4/12/23

PRESENTING CLINICAL SIGNS

The patient is acting normally.

Abnormal PE/Chem/CBC/UA Results: Machinery heart murmur sounds Murmur 5-6 out of 6
Radiograph—an enlarged heart

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT				1.6	49	83	0.4
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)	(kg)	2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	NM				2.7	2.9	

Cardiac Presentation

The left atrium was enlarged in size exhibiting a mild bulbous appearance with mild deviation of the interatrial septum towards the right atrium, which may indicate some degree of increased left atrial pressure. Concurrent dilated to spherical-appearing left ventricle was noted. The right atrium was dilated in appearance along with evidence of right ventricle increased volume to possible concentric hypertrophy. Turbulent to dynamic blood flow was present on Color Doppler potentially within the right atrium / right ventricle lumen, as well as subjectively within the proximal to post valvular pulmonary artery. Normal appearance of the pulmonic valve was noted without evidence of structural pathology. An accurately measured RVOT velocity was not acquired in this study, yet evidence of potential overall laminar systolic flow was noted on RVOT pattern. Adequate LV function was present. No overt MR was noted on Doppler. No evidence of pericardial or pleural effusion was visualized. No overt cardiac tumors were present. No arrhythmia was noted.



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ULTRASONOGRAPHIC FINDINGS

- Enlarged left atrium / left ventricle
- Concurrent enlarged right atrium / right ventricle with possible concentric right ventricle hypertrophy
- Turbulent / dynamic blood flow subjectively within area of right atrium / right ventricle and pulmonic valve

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall cardiac presentation is consistent with shunt criteria with both non-visualized VSD or patent ductus arteriosus possible. No overt evidence of stenotic disease, although it cannot be definitively excluded. The measured RVOT velocity, although inadequate to accurately determine definitive RVOT systolic velocity, may suggest overall laminar RVOT flow, which may potentially indicate a higher probability of non-visualized VSD. However, the possibility of an alternative shunt or potential concurrent congenital abnormalities could be possible. Given the potential complicated heart disease in this patient, referral to a local Cardiologist for further assessment and definitive diagnosis is strongly recommended.

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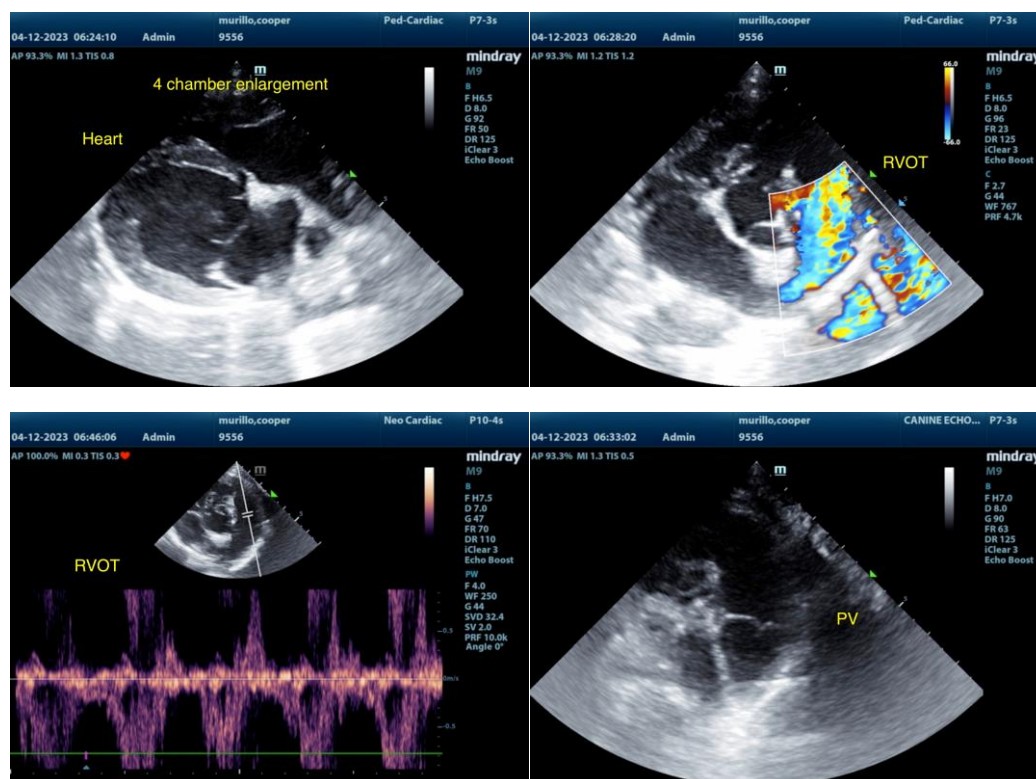
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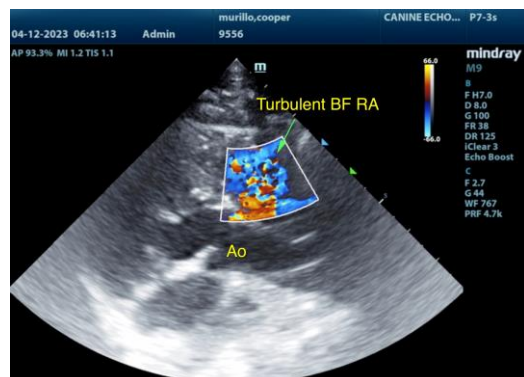
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

INTERPRETED BY

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