SonoPath
Clinical Sonography & Telecytology
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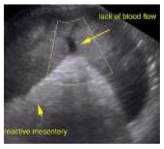
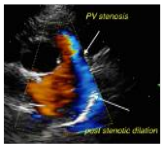
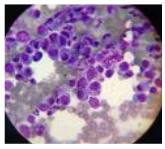
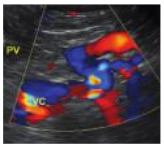

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rudy Flood

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

10 y

WEIGHT

103 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Westwood Regional Veterinary Hospital

REFERRING VET

Dr. McConnell

INVOICE

16568

DATE

4/12/23

PRESENTING CLINICAL SIGNS

Chronic coughing/hacking on/off r/o cardiac disease vs laryngeal paralysis

Current meds: Vetsulin 2 units BID, B12 SID

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	1.1	28	56	0.34
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	1.4	0.7		3.9	4.0	

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 was 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 mildly subnormal as 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. Tract TR was present 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). No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window. No evidence of arrhythmia was noted.

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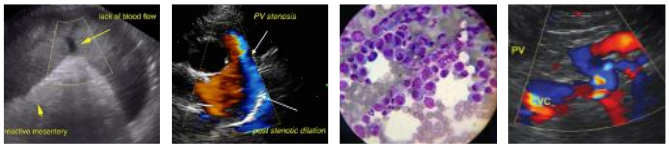

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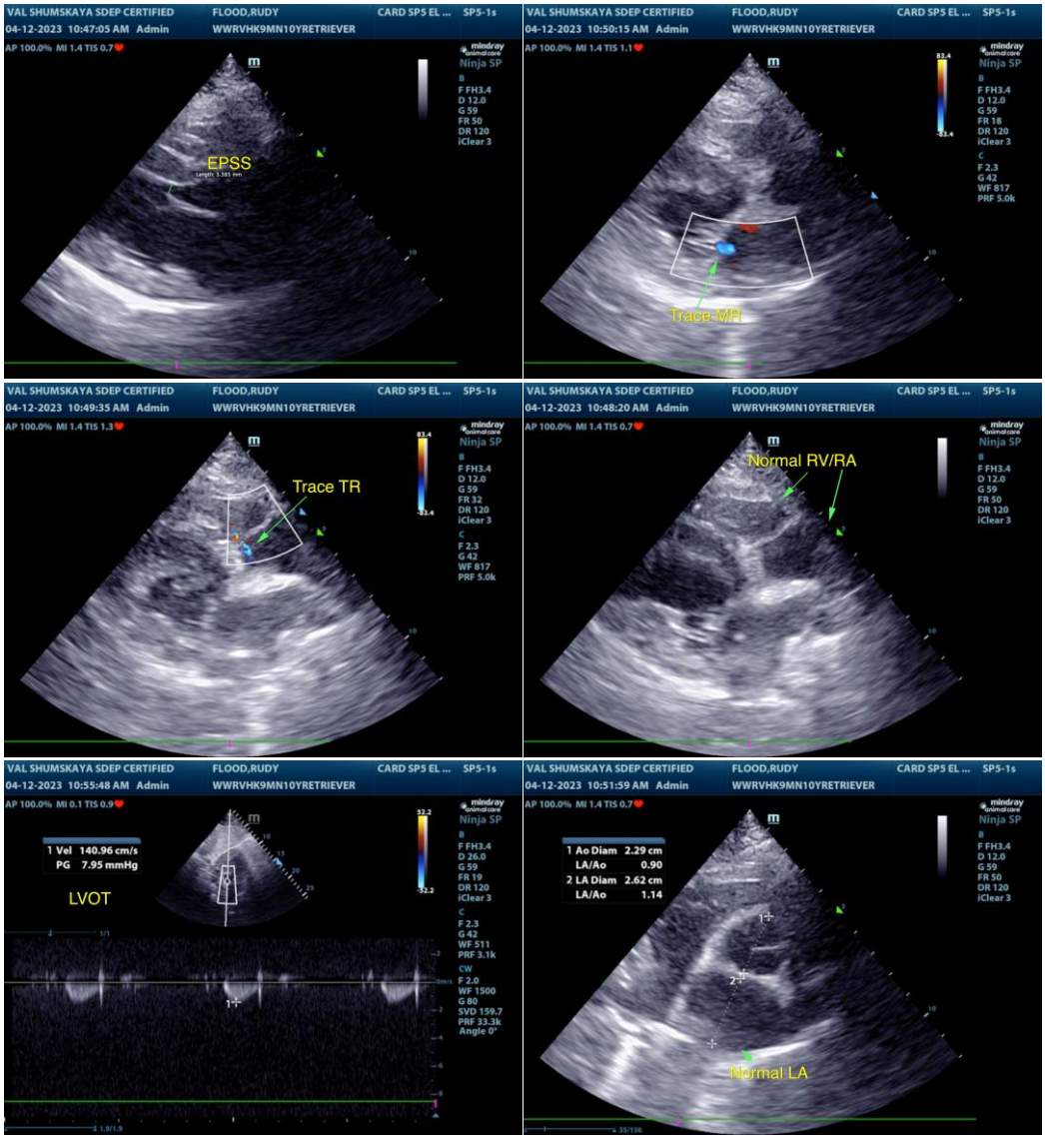
ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram with LV hypocontractility - systemic disease, hypothyroidism, age-related variant may present in this manner, DCM criteria was not met

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of left or right heart chamber enlargement or evidence of clinical pulmonary hypertension indicates that the respiratory abnormalities in this patient are non-cardiogenic in origin.

As-needed respiratory supportive care based on the clinical impression of the patient is suggested. Concern for primary upper or lower airway disease is indicated. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs consistent with cardiac disease, i.e., exercise intolerance, etc., are noted.



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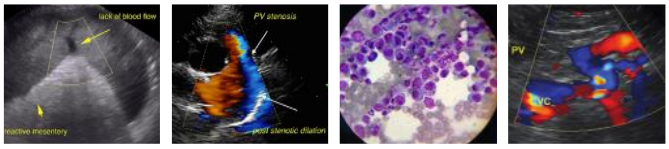

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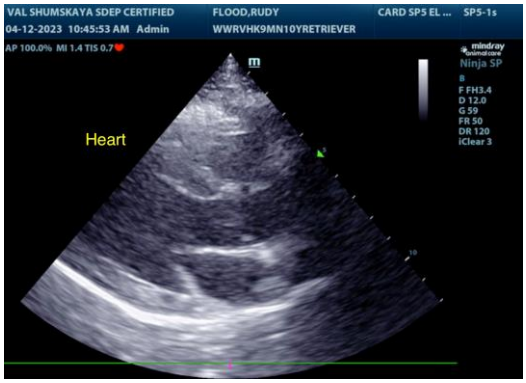

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com