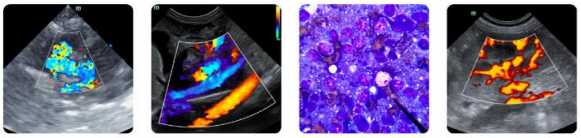

PATIENT
Abbott Weiner

SPECIES
Canine

BREED
Lab Mix

SEX
MN

AGE
2 years

WEIGHT
59 lbs.

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

IMAGING PERFORMED BY
Chloe Lowe, CVT

HOSPITAL NAME
All Creatures Great and Small Denville

REFERRING VET
Dr. Silas

INVOICE
10755

DATE
4/2/26

PRESENTING CLINICAL SIGNS

History:

- rescue said he has a heart murmur
- heart murmur grade 4/6

Abnormal PE/Chem/CBC/UA Results: N/a

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	-	-	-	1.4	35	68	0.3
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	128	2.4	1.5	59 lbs.	3.8	3.4	-

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 2 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 evidence of 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 to mild dynamic outflow pattern and normal structural integrity. No evidence of aortic valve pathology. Borderline increased LVOT velocity noted. 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. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. No evidence of MR on Doppler. **Pulmonary outflow** tract assessment revealed overtly normal valve structure, laminar to mild dynamic outflow pattern, and normal diameter (approx.1:1 pa/ao ratio). Normal measured RVOT velocity. 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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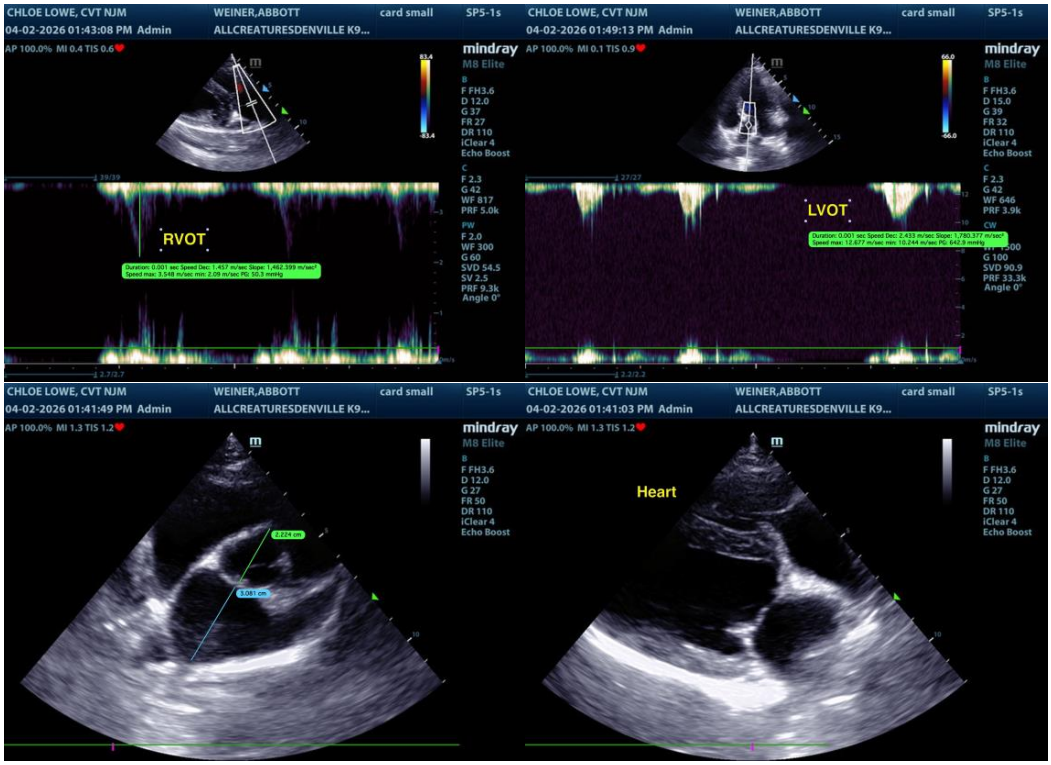
ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure / function
- Borderline increased measured LV outflow velocity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of significant clinical issues such as left or right heart chamber enlargement or volume overload, LV systolic dysfunction, significant valvular insufficiencies, or obvious congenital shunt. The only source of the murmur noted in the study is the borderline increased measured LV outflow velocity, which, without evidence of structural outflow or valvular pathology, is essentially classified as a flow murmur. Given the reported murmur grade, a non-visualized flow abnormality cannot be definitively excluded. Regardless of classification, the current hemodynamic effects of the murmur appear low. There is no indication for cardiac medications. Conservative monitoring of the murmur going forward is advised with a recheck echocardiogram suggested in 6 months, sooner if clinically indicated or if an increase in murmur intensity is noted. Current cardiac anesthetic risk is considered mild. If required, the following protocol is suggested.

Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.



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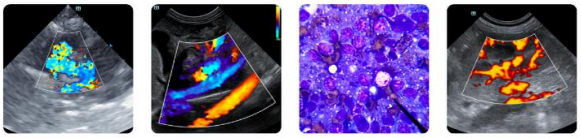

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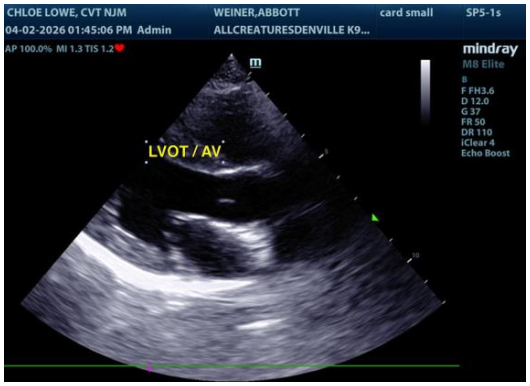

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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