



PATIENT

Buck Wagers

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

7

WEIGHT

41.1 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Pamela Veldman

HOSPITAL NAME

Antler Hill Veterinary
Services

REFERRING VET

Dr. Tanja Preughscas

INVOICE

15283

DATE

04/20/26

PRESENTING CLINICAL SIGNS

Presented in clinic for evaluation of a mass on his leg. At this exam noticed new grade 1 systolic murmur. Owner would like full echocardiogram prior to anesthesia / removal of the mass as Buck is a service dog and she likes to stay informed about his health.

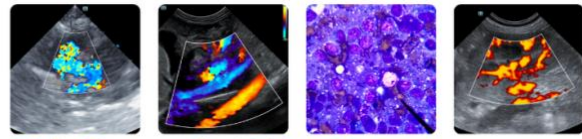
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	--	--	NM	1.45	35	68	0.3
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	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	NM	1.0	1.1	41.1	4.5	4.6	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented mild thickening consistent with mild potentially early onset degenerative changes. No evidence of valvular prolapse. Doppler revealed minor 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. Normal measured LVOT velocity. 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. Minor TR on doppler. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). Normal measured RVOT velocity with minor pulmonic valve insufficiency on doppler. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of cardiac / pericardial tumors was visible. No evidence of arrhythmia.

ULTRASONOGRAPHIC FINDINGS



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- Mild mitral valve insufficiency (B1).
- Minor tricuspid valve insufficiency.
- Minor pulmonic valve insufficiency.

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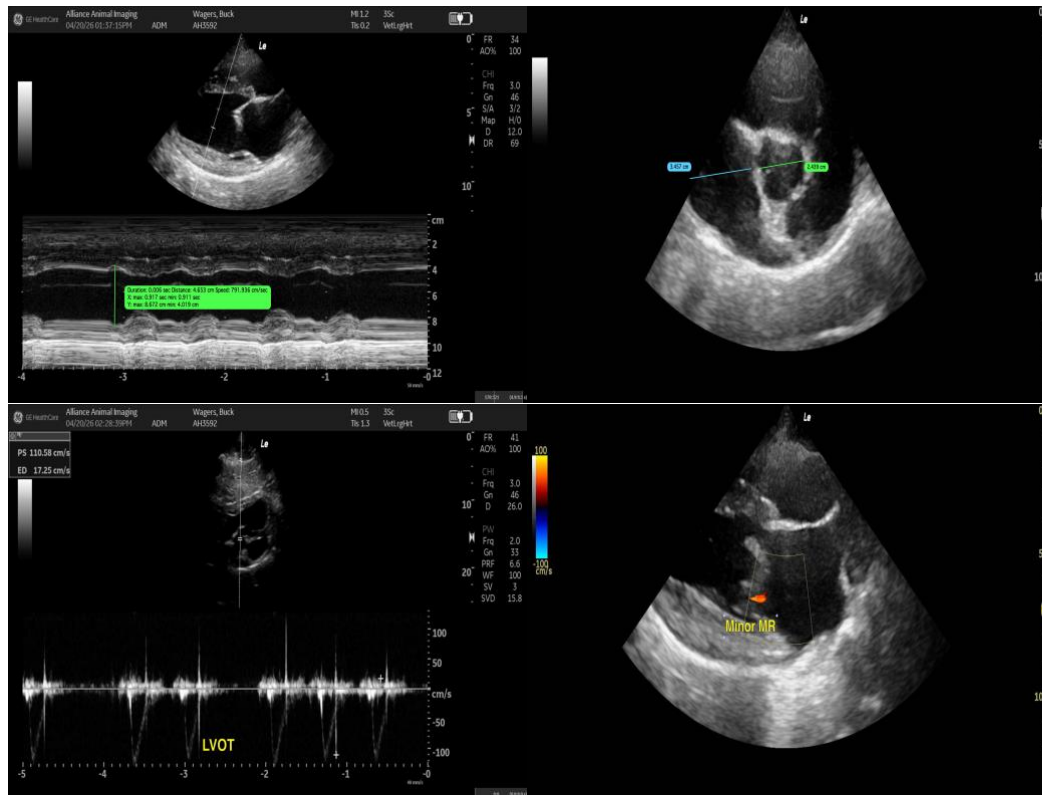
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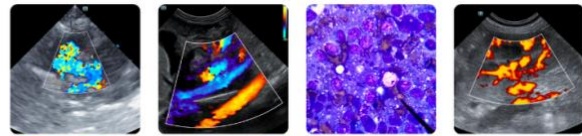
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of clinical issues such as left or right heart chamber enlargement, LV systolic dysfunction or arrhythmia. The hemodynamic effects of the valvular insufficiencies are low given no evidence of left or right heart chamber enlargement.

No indication for cardiac medication. No anesthetic contraindications. Conservative monitoring of the murmur going forward is advised with recheck echo suggested in 6 to 12 months, sooner if increase in murmur intensity or if clinical signs arise. 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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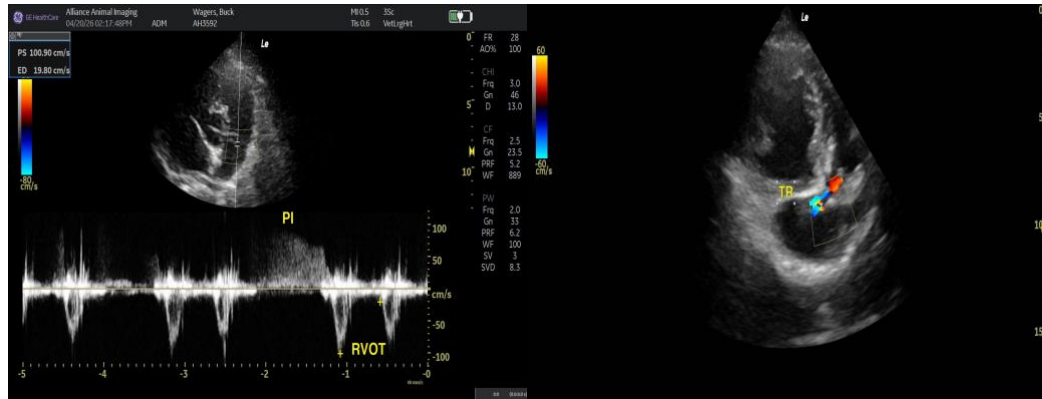
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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