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Clinical Sonography & Telecytology
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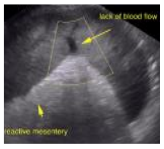
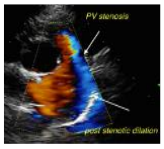
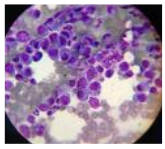
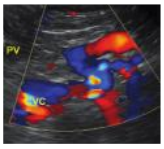

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Martin Fratelli

SPECIES

Canine

BREED

Old English Sheepdog

SEX

Male

AGE

16 Months

WEIGHT

76 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Tasha

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Hlatky

INVOICE

14896

DATE

4/28/22

PRESENTING CLINICAL SIGNS

History: Heart murmur 3/6 left sided since 6 months old (the first we seen him); EKG is attached. X-rays sent over. No symptoms
Abnormal PE/Chem/CBC/UA Results: BW WNL; 4DX negative

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	--	--	NM	1.4	30.2	61.3	0.42
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	NM	NM	--	4.3	4.3	--

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. 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 Borderline 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. 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 arrhythmogenic disease.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure
- Mild decreased LV systolic function

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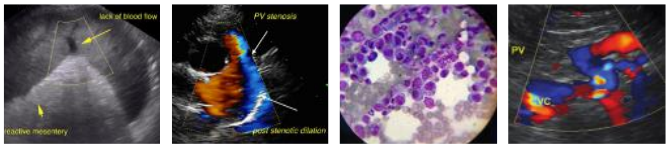

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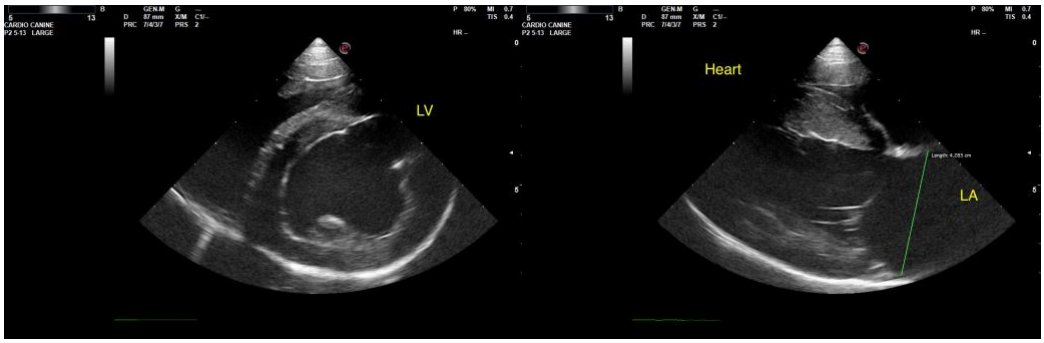
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant structural or functional cardiomyopathy. An obvious source of the murmur was not definitively evident in this study. Given that the murmur has reportedly been present since 6 months of age, primary concern for an unidentified defect is warranted. Significant shunt is considered less likely given the lack of left heart chamber enlargement or volume overload. However, the possibility of stenotic disease, valvular insufficiency or small flow abnormality (not visualized in the study) could be present. Given the reported murmur intensity, the possibility of a benign physiologic or flow murmur is considered a less likely differential diagnosis.

I strongly recommend referral to local cardiologist for further assessment and diagnosis prior to anesthetic considerations. If this recommendation is not possible, the following anesthetic protocol would be advised with continued echocardiographic monitoring for further prognosis.

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.

https://www.antechdiagnostics.com/cadet-braf



The information and recommendations provided are based on the images presented by the referring veterinarian. 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