



PATIENT PRESENTING CLINICAL SIGNS

Percy Rescue Heart murmur, puppy mill dog

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SPECIES

Canine

BREED

Poodle Mix

SEX

M

AGE

3m

WEIGHT

7

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	<1.6	28-40	40-100	<0.6
PATIENT				1.5	34	67	0.26
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	BELOW	BELOW	BELOW	BELOW
PATIENT	182	1.9-2.0	1.7		2.7	2.9	

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

New Britain VC

REFERRING VET

Dr. Bandekar

INVOICE

16510

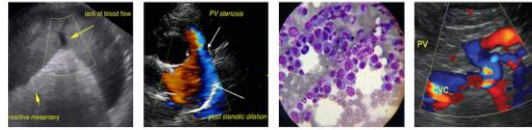
DATE

4/5/23

Cardiac Presentation

The echocardiogram in this patient demonstrated mild increased **left atrial** size with mild bulbous appearance 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. Possible minor MR was noted on Doppler. The **left ventricle** presented normal thicknesses with maintained linear contour with increased left ventricle volume. 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 overtly normal laminar flow and subjective structural integrity. Borderline increased measured LVOT velocity was noted. The **right atrium** and auricle revealed normal size, structure and content. **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 overtly normal valve structure, turbulent to chaotic outflow pattern primarily distal to the pulmonic valve and within the deep pulmonary artery at the level of the bifurcation. Mild pulmonic insufficiency measuring approximately 2.5 m/s was present. Overall normal pulmonary artery diameter compared to the aorta was noted. No obvious visible post valvular pulmonary artery dilation was noted. 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.



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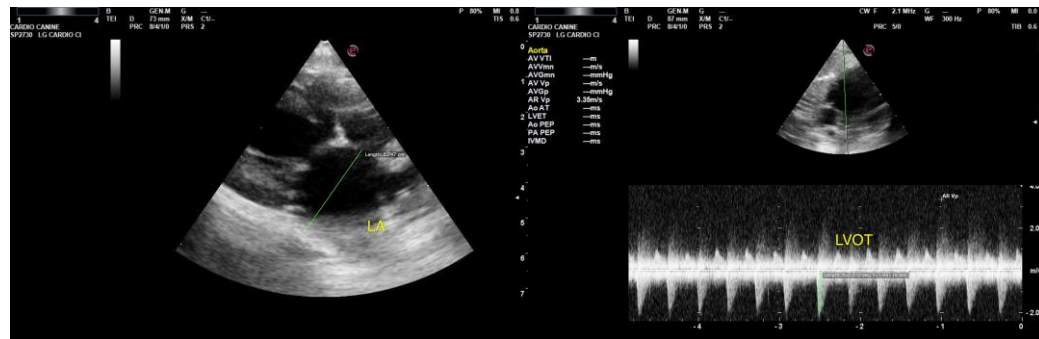
ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged LA / LV
- Turbulent to chaotic RV outflow, normal measured RVOT velocity
- Borderline increased measured LVOT velocity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With evidence of increased left heart volume in conjunction with turbulent to dynamic blood flow within the pulmonary artery and without overt evidence of pulmonic or aortic stenotic disease, the cardiac presentation is most consistent with PDA.

Ideally, a referral to a local cardiologist for further clarification and potential surgical intervention is recommended. Eventually, left-sided heart failure will develop in an unknown timeframe. If a referral is not possible, serial sonographic monitoring is recommended. No overt indication for cardiac medications at this stage however, the prognosis is highly variable. A referral is strongly suggested as surgical intervention may likely be curative in this patient.





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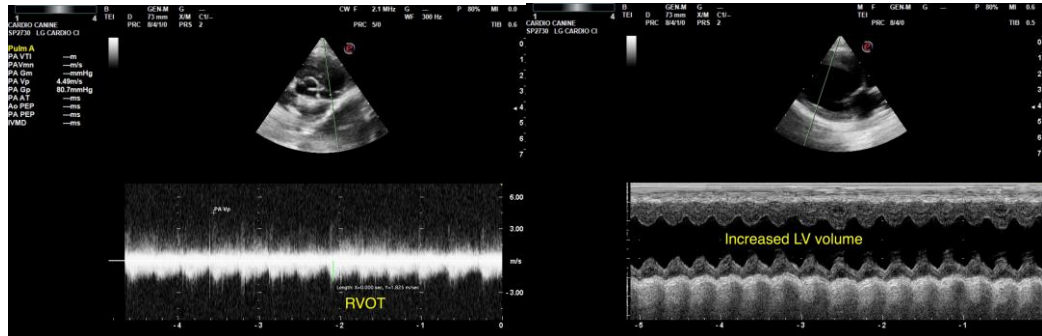
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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