


PATIENT

Pudding Schneider

PRESENTING CLINICAL SIGNS

Grade 1-2 murmur detected on pre dental exam. Pre anesthetic assessment

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Normal

BREED

Yorkshire Terrier

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
SEX

FS

AGE

9

WEIGHT

7.2kg

| 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 | | | | 1.4 | 58 | 89 | 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 | | | | |
| PATIENT | 142 | 1.0 | 0.93 | | 2.0 | 2.1 | |

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 mild septal leaflet thickening, normal extension in systole, and union in diastole with normal kinesis. No definitive 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 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. Tricuspid valvular assessment demonstrated adequate linear morphology and kinesis. No overt TR 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). Normal measured RVOT velocity. No visible pericardial or free pleural fluid was noted. The cranial mediastinum and pericardial and extra-cardiac regions were free of masses in the visible window.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Beddington Trail

REFERRING VET

Dr. Banahur

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause of the patient's murmur was not evident without evidence of structural or functional cardiomyopathy. No evidence of clinical issues such as left or right heart chamber enlargement, LV systolic dysfunction, clinical pulmonary hypertension or overt valvular insufficiencies was present. If no

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05/01/2023



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volume changes such as dehydration or anemia are present, a benign physiologic flow murmur may be present although a small flow abnormality or valvular insufficiency i.e., minor non-detectable MR if the murmur is primarily left sided could be possible.

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Regardless, the lack of left or right heart chamber enlargement indicate that the hemodynamic effects of the murmur are low. No indication for cardiac medications. Continued conservative monitoring of the murmur is recommended. Recheck echocardiogram recommended in 8-12 months, sooner if murmur intensity increases or clinical signs suggestive of heart disease arise.

BREED

Yorkshire Terrier

No anesthetic contraindications. Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia.

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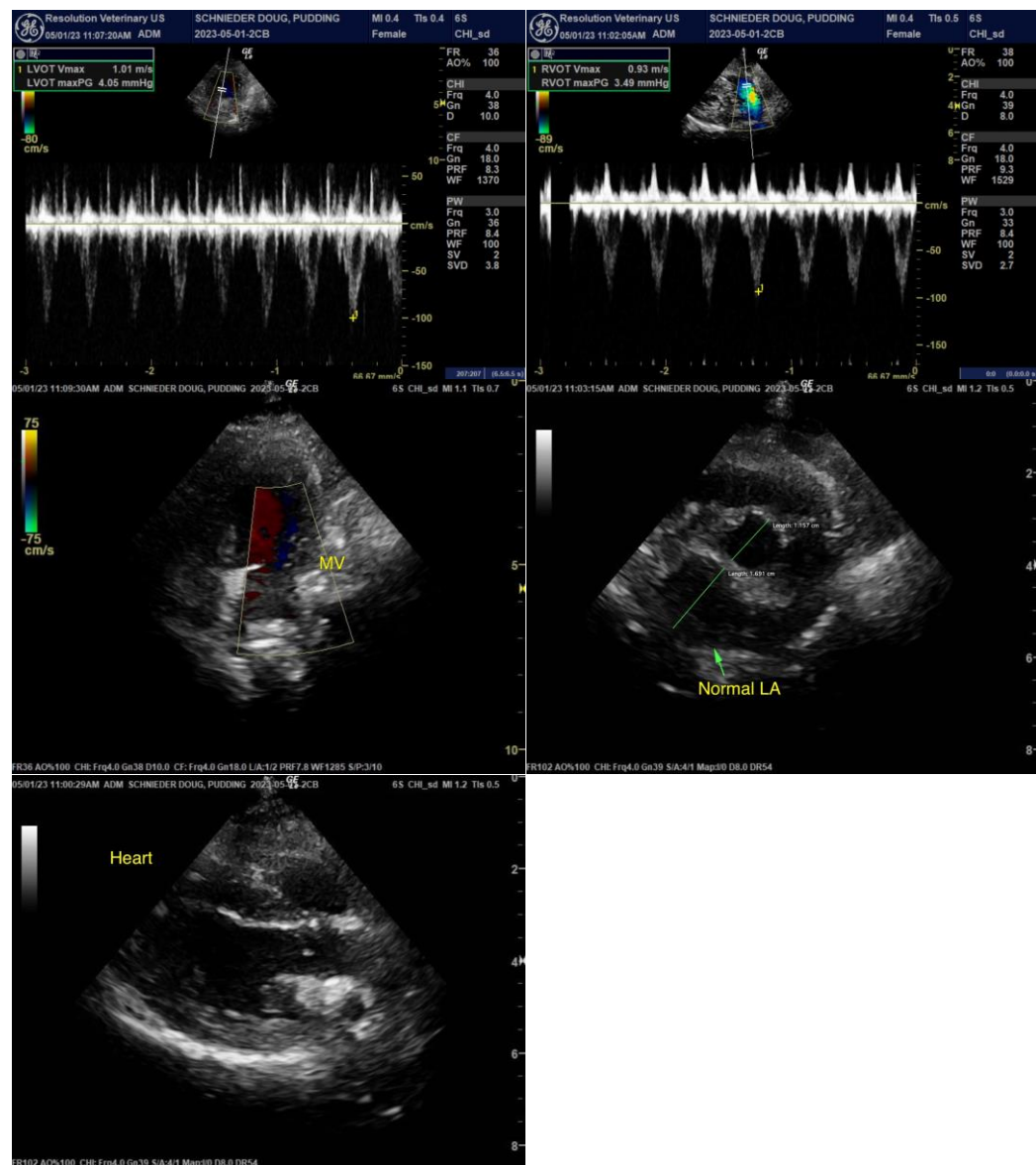
Dr. Banahur

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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.



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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.

SPECIES

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mac.daniel@sonopath.com

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