

PATIENT

Malakai Illies

SPECIES

Canine

BREED

Black Mouth Cur/Mix

SEX

MN

AGE

1 year 9 months

WEIGHT

44.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr A Sobon, New
Berlin Animal Hosp.

INVOICE

13860

DATE

5/12/22

PRESENTING CLINICAL SIGNS

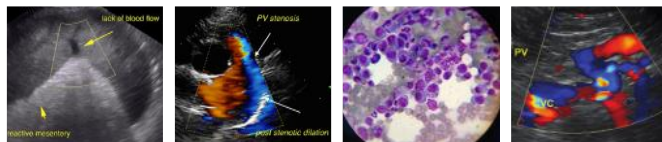
Presented for coughing and noted a 3/6 focal rib 5 on Left side heart murmur. Please advise if heart medications are needed. This is a baseline echo.

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				1.21	44.3	77.3	0.38
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	144	1.5	1.3		3.4	3.6	

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. Minor MR was present 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. 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.



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ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function
- Minor MR

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant structural or functional cardiomyopathy. Minor MR was present yet not suspected to be audible, given the subjective degree of MR. No evidence of LV systolic dysfunction or DCM criteria, significant valvular insufficiencies, or stenotic disease, as well as no evidence of a large shunt.

Assuming no evidence of volume changes such as dehydration or evidence of anemia, a physiologic flow murmur or small flow abnormality not visualized could be considered. Regardless, the hemodynamic effects of the murmur appear to be mild without evidence of left or right heart chamber enlargement. Conservative monitoring of the murmur at this stage would be appropriate. No indication for cardiac medications. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs suggestive of heart disease arise or if the murmur persists / progresses.

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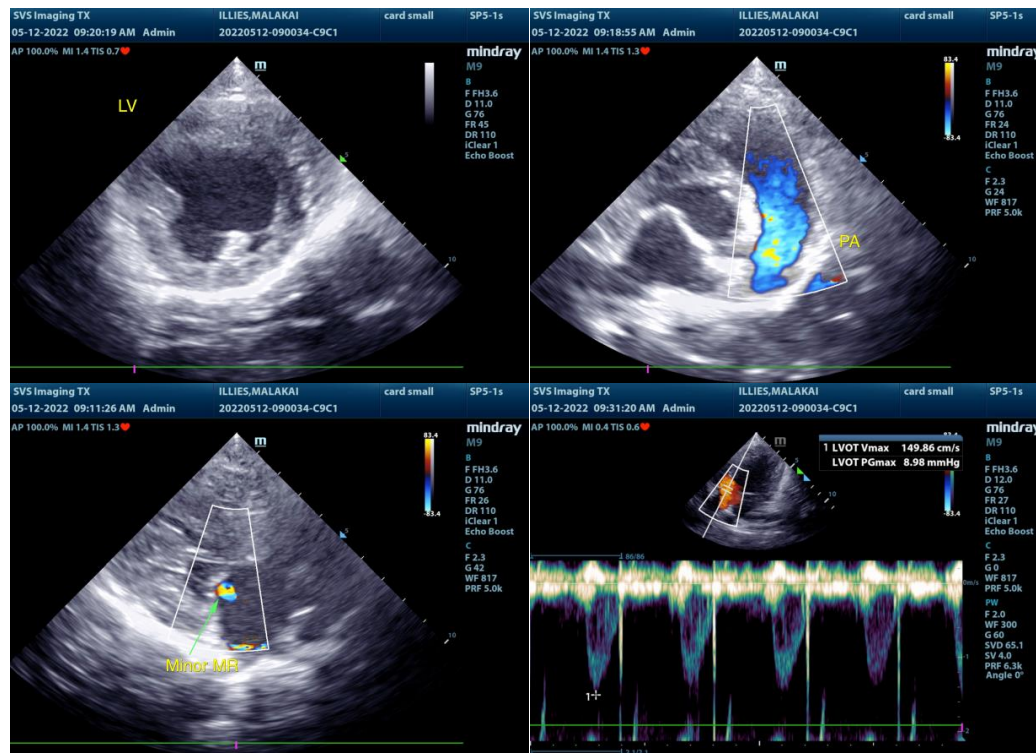
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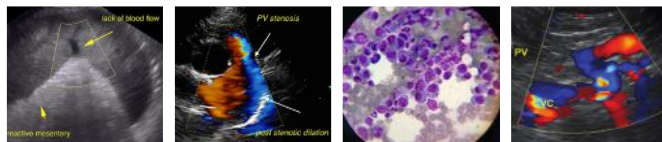
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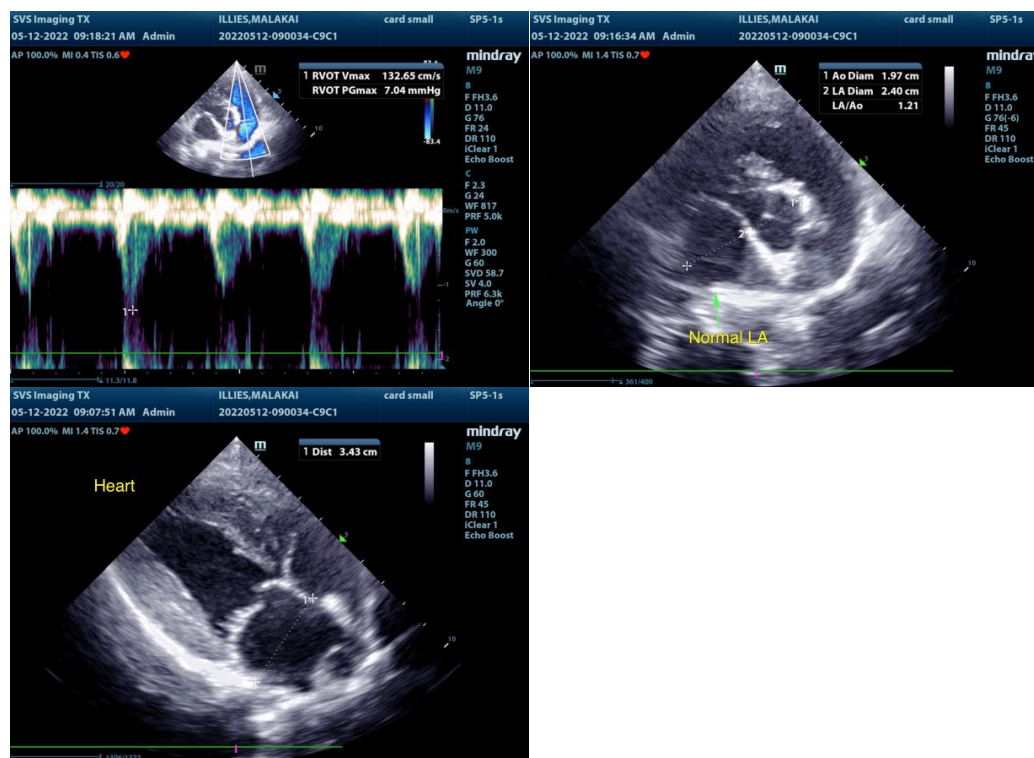
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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