



PATIENT

Nash Maskell

SPECIES

Canine

BREED

American Staffordshire Terrier

SEX

Neutered Male

AGE

7

WEIGHT

78 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME

JM Pet Resort & Veterinary Clinic

REFERRING VET

Dr. Sorbo

INVOICE

16217

DATE

05/14/26

PRESENTING CLINICAL SIGNS

Recheck echo (O elected) as P is seen once a year fully sedated due to FAS 5/5. Alfaxan/torb sedation. Also diagnosed with cutaneous MCT today - starting on Benadryl and famotidine until Stelfonta treatment (decl Sx).

Abnormal PE/Chem/CBC/UA Results: Sedated exam normal.

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	1.2	25	50	0.45
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (lbs)	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	--	0.72	78	4.4	4.4	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** dimension 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. Minor centralized 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 decreased as evidenced by the fracture shortening measurement. 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. Subjective bradycardia was visualized.

ULTRASONOGRAPHIC FINDINGS



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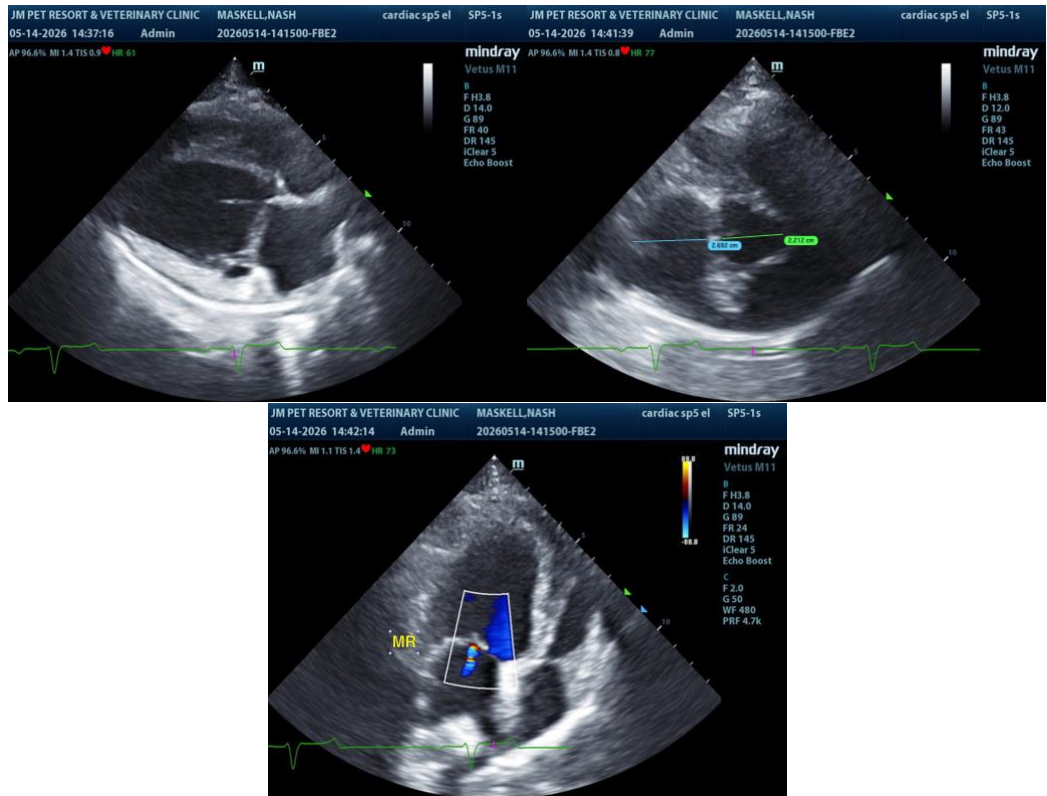
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- Normal cardiac structure/function with LV hypocontractility- sedation probable in this case, athletic state, systemic disease, hypothyroidism may present in this manner. DCM criteria was not met.
- Static trace centralized MR- not hemodynamically significant.
- Subjective bradycardia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Similar cardiac presentation compared to the previous study, likely secondary to sedation in this case assuming patient is non-clinical for heart disease. Clinical cardiomyopathy is not anticipated. Likewise, no overt indication for cardiac medication, assuming patient is non-clinical. Continued echocardiographic monitoring as needed would be reasonable. Anesthetic risk is considered mild, assuming no cardiac clinical signs. 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.



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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