



PATIENT

Petey Manhart

SPECIES

Canine

BREED

Min, Goldendoodle

SEX

MN

AGE

4 years

WEIGHT

43

INTERPRETED BY

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

IMAGING PERFORMED BY

Tasha

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Jacobs

INVOICE

13880

DATE

5/17/22

PRESENTING CLINICAL SIGNS

Grade 2-3 murmur-left sided systolic. No symptoms. Not on any medications.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT			N1.26		51.5	86.5	0.25
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)	(kg)	2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	NM	NM	NM		3.2	3.3	

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 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.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function



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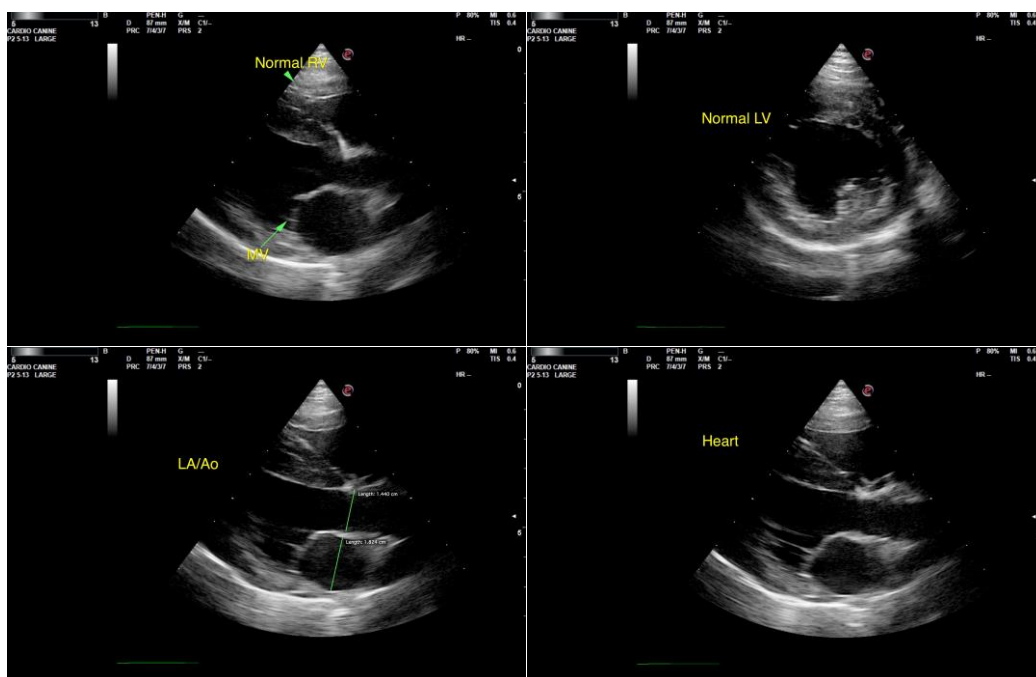
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy without a definitive source of the heart murmur obviously identified. No evidence of clinical issues such as LV systolic dysfunction or left or right heart chamber enlargement was present. The visualized mitral valve appeared to be sonographically unremarkable without evidence of dysplasia or obvious insufficiency. The aortic, pulmonic, and tricuspid valves were indistinctly visualized.

Assuming no evidence of volume changes such as dehydration or the presence of anemia, a physiologic flow murmur or small flow abnormality could be possible. Regardless, the hemodynamic effects of the murmur appear to be minimal without evidence of left or right heart chamber enlargement. Conservative monitoring of the murmur at this stage would be reasonable. No indication for cardiac medications. Recheck echocardiogram is suggested in 6 months, sooner if murmur intensity progresses, or if clinical signs suggestive of heart disease arise.



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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