



PATIENT

Patch Plessler

SPECIES

Canine

BREED

English Bulldog

SEX

MN

AGE

7 years

WEIGHT

56.1 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. George

INVOICE

13783

DATE

5/3/22

PRESENTING CLINICAL SIGNS

Hx of Allergies and Hx of grain free diet. Currently on Apoquel, melatonin, cetirizine and omeprazole. A split s2 heart sound was noted

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			1.59	1.5	42.4	73.4	0.49
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	128	1.5	1.25		4.1	4.4	

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. Mild, static, primarily centralized MR was present on doppler. The **left ventricle** presented normal thicknesses with maintained 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 in this study and 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. Mild, static TR was present on doppler. The **right ventricle** exhibited subtle increased size compared to the left ventricle, yet without overt pathology, i.e., hypertrophy or significant right ventricular enlargement with normal myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). Trace PI was present on doppler. 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 for breed
- Adequate to normal LV systolic function
- Static mild MR / TR
- Tract PV insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the structure of the heart was sonographically similar to previous echocardiogram without evidence of progressive cardiac changes or chamber enlargement. The fractional shortening was overtly normal in this study compared to the previous study. No other clinical Issues such as pulmonary hypertension, pulmonic stenosis, or other significant valvular insufficiencies were present.

If no clinical signs in this patient, continued monitoring at this stage would be appropriate without overt indication for cardiac medications. If persistent split s2 heart sound is present, periodic monitoring of ECG +/- Holter monitor could be considered. Recheck echocardiogram is suggested in 6-12 months, sooner if clinical signs consistent with heart or arrhythmogenic disease are noted.

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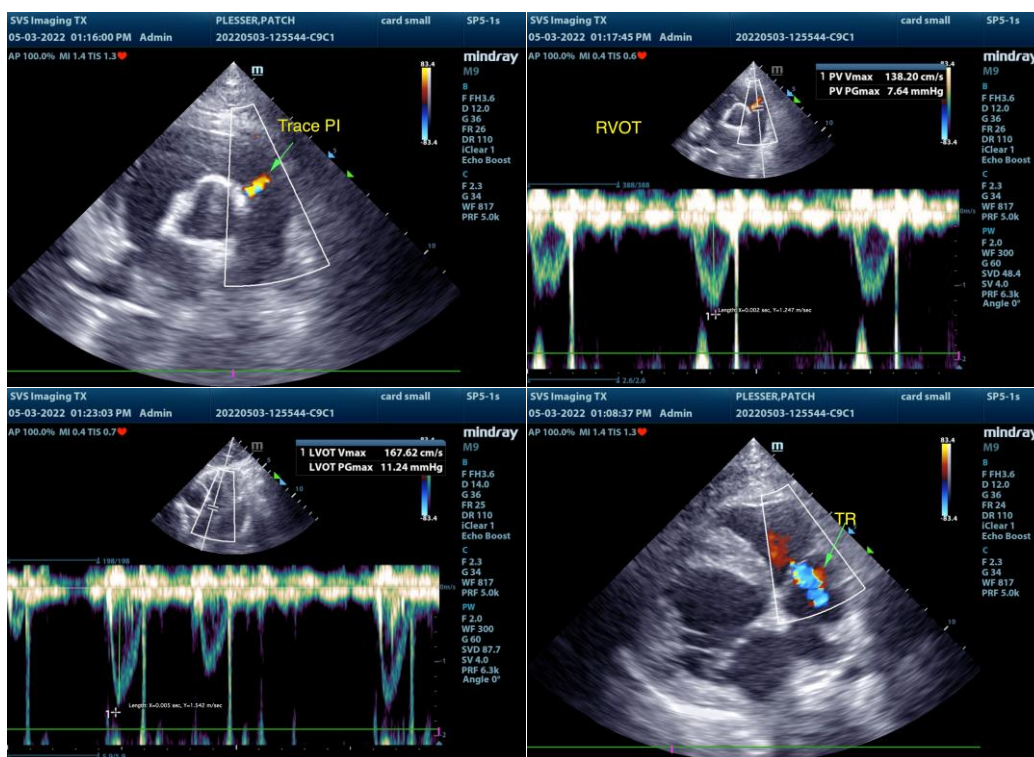
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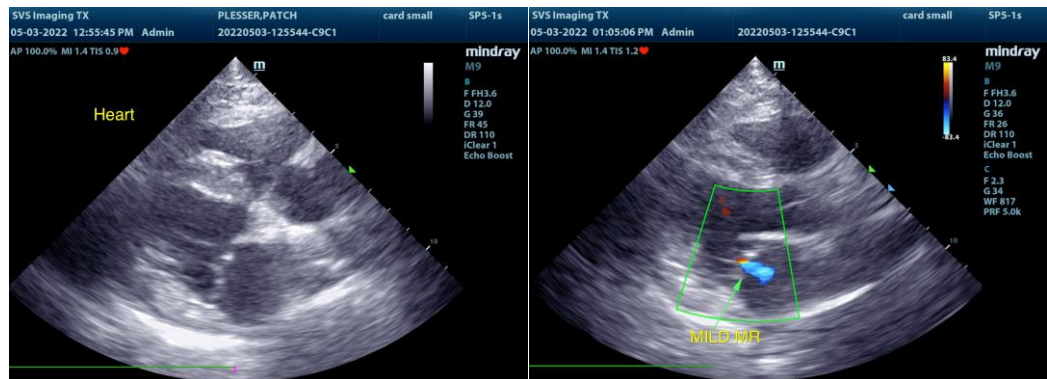
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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