


PATIENT PRESENTING CLINICAL SIGNS

Peter French History: Newly adopted. History of grade 1-2 murmur although not auscultated now. Recently had hemilaminectomy 10 weeks ago. Looking to get pre anesthetic clearance for neuter.

SPECIES Abnormal PE/Chem/CBC/UA Results: wnl

Canine ULTRASONOGRAPHIC EXAMINATION OF THE HEART
BREED

French Bulldog

SEX

MI

AGE

3 yr

WEIGHT

23 lb

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			1.2	1.1	44.8	79.6	0.24
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	NM	1.2	0.95		2.6	2.9	

INTERPRETED BY

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

IMAGING PERFORMED BY

Jeanine French

HOSPITAL NAME

Fredon Animal Hospital

REFERRING VET

Dr. Michelle Roche

INVOICE

10834ag

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06/17/2022

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. Trace TR present 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). 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

- Normal echocardiogram
- Trace TR-clinically insignificant



PATIENT

Peter French

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

Overtly normal cardiac structure and function without evidence of clinical issues such as LV systolic dysfunction, left or right chamber enlargement or significant valvular insufficiencies. A definitive cause of the murmur was not definitively evident. In the absence of dehydration or anemia, a physiologic benign flow murmur may be possible. Mild TR was present yet not likely audible. Any potential risk secondary to the low grade murmur is low. No indication for cardiac medication. No anesthetic contraindications based on this study. Continued monitoring of the murmur is recommended with recheck echocardiogram in 6-12 months, sooner if murmur intensity increases or clinical signs consistent with heart disease arise.

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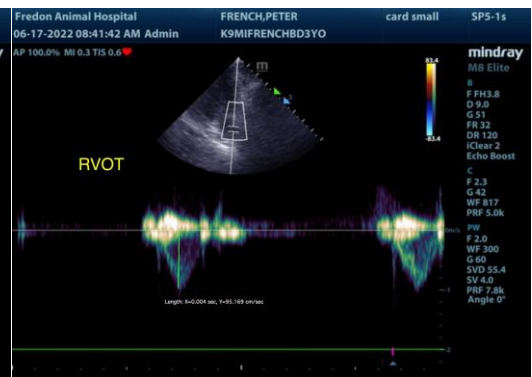
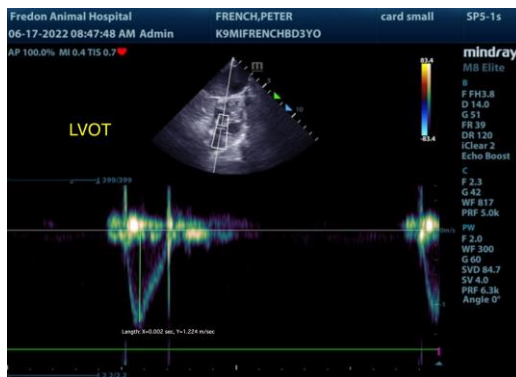
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AGE

3 yr

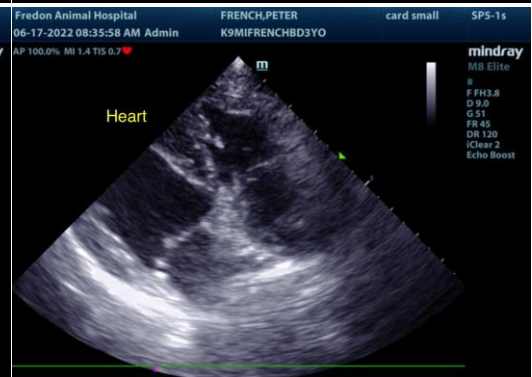
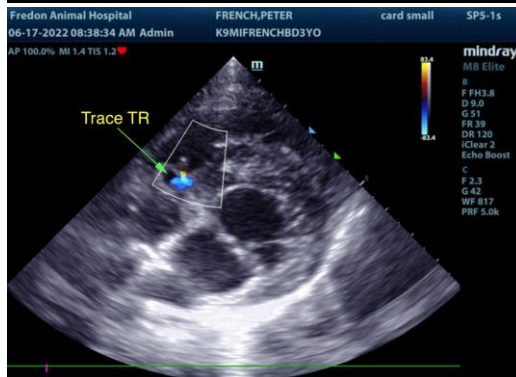
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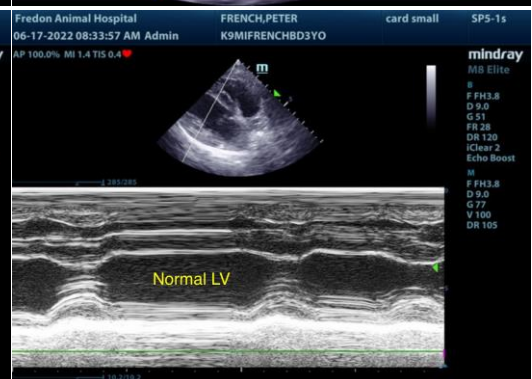


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

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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.

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

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info@SonoPath.com

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