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Clinical Sonography & Telecytology
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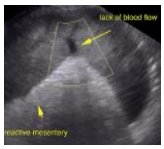
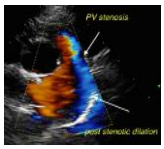
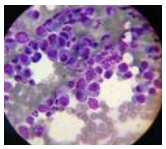
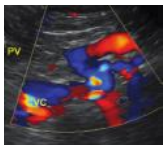

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1-800-838-4268 info@sonopath.com

PATIENT
Rhallo Trentacosta

SPECIES
Canine

BREED
Min Pinscher Mix

SEX
MN

AGE
8 yr

WEIGHT
17.9 lb

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

IMAGING PERFORMED BY
Shari Reffi CVT

HOSPITAL NAME
Newton Veterinary Hospital

REFERRING VET
Dr. Wyman-Greenwald

INVOICE
10831ag

DATE
06/17/2022

PRESENTING CLINICAL SIGNS

History: Pre-anesthetic CUS. Grade II/VI murmur. Current meds: Drontal

Abnormal PE/Chem/CBC/UA Results: U/A- PH 8.5, prot 1+, bili 1+, ma 0.1, usg 1.035

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		2.6		1.22	33	64	0.18
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	125	1.4	0.95		2.3	2.2	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 2 separate methods of LA evaluation. The cranial and caudal mitral valve leaflets presented subjective mild thickening with normal 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 subjective minor thickening with normal overall kinesis. Minor TR was 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

- Overtly normal cardiac structure and function
- Minor MR/TR

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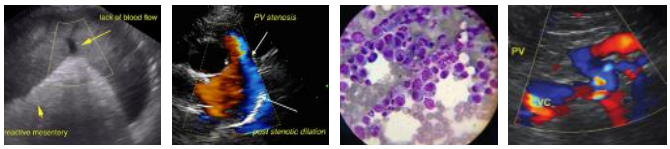

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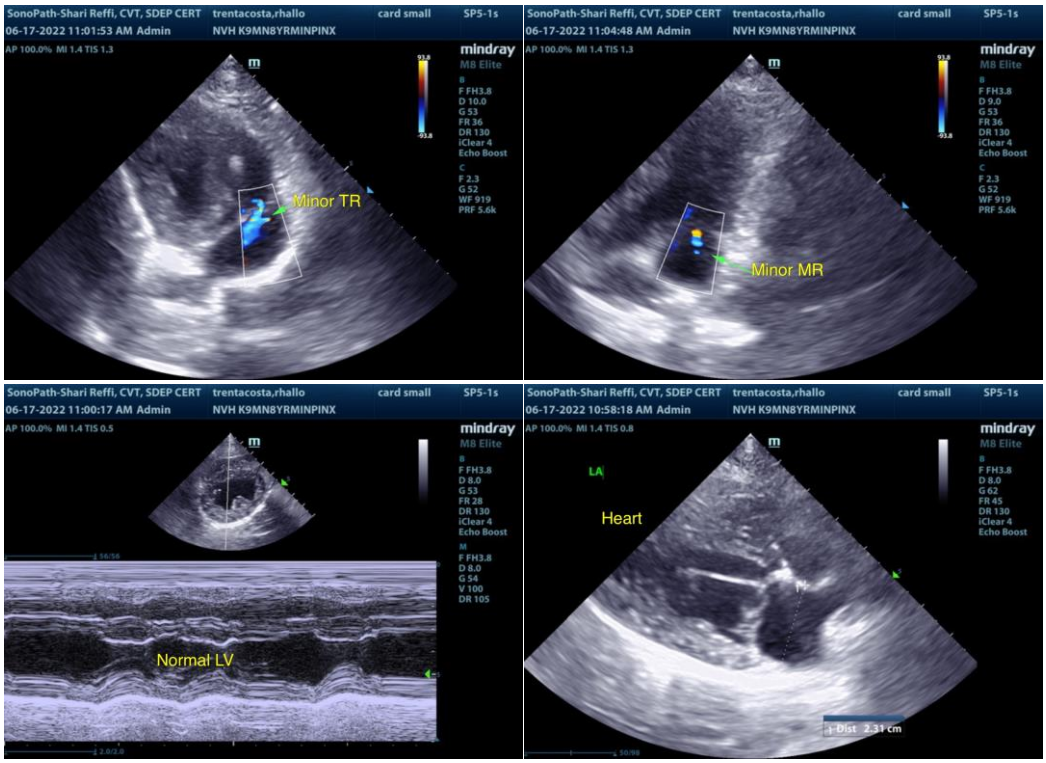
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The source of the murmur may potentially be related to noted mild MR and TR although audibility of the valvular insufficiencies is questionable. Regardless, overall normal cardiac presentation without additional clinical issues such as LV systolic dysfunction or overt evidence of clinical pulmonary hypertension indicate that the hemodynamic effects of the MR and TR are low and thus risk for current and future complication is relatively low. No indication for cardiac medication. No anesthetic contraindications. Conservative monitoring of the murmur at this stage would be appropriate. Recheck echocardiogram suggested in 6 -12 months, sooner if murmur intensity increases or if clinical signs consistent with heart disease arise.

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.



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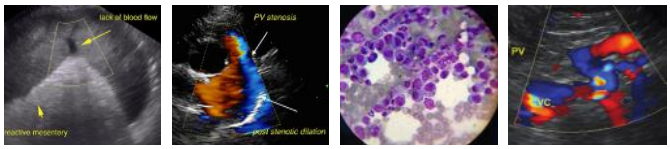

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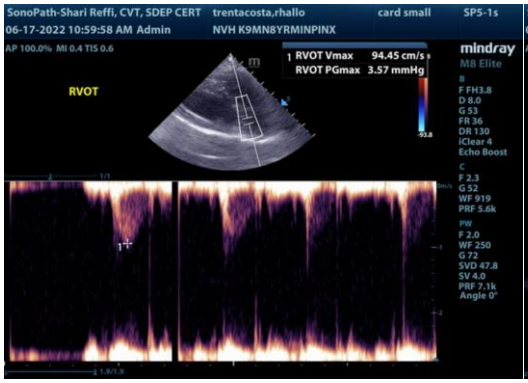

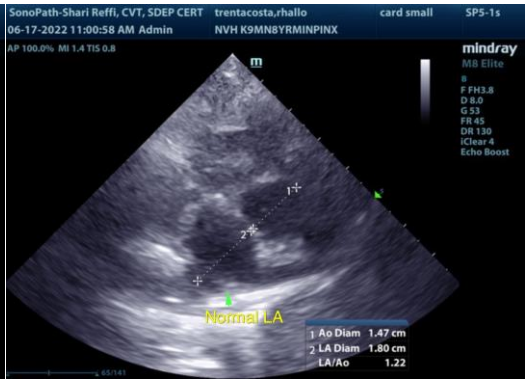

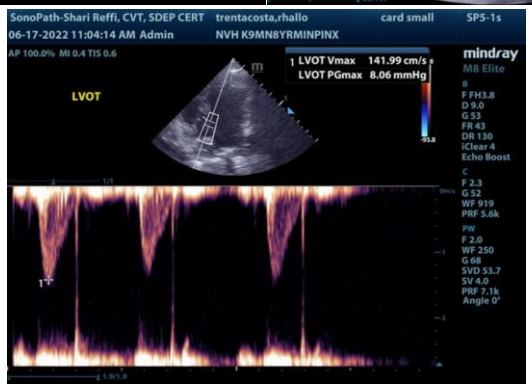

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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