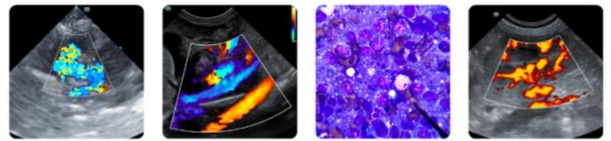

PATIENT

Gus Gafkowski

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

9 Years

WEIGHT

62.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Arielle Roldan, CVT

HOSPITAL NAME

Milford Animal Hospital

REFERRING VET

Aleksandra Ascione, DVM

INVOICE

16769

DATE

06/18/26

PRESENTING CLINICAL SIGNS

Pt has a grade III/VI left systolic heart murmur. No symptoms noted at home.

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	1.42	28	58	NM
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT**	**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	1.7	0.9	62.5 lbs	4.1	4.6	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** dimension based on 2 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. No overt significant 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 low normal yet adequate as evidenced by the fractional shortening measurement and subjective evaluation of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. Normal measured LVOT velocity. 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). Normal measured RVOT velocity. 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.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram given breed, age and sedation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant structural or functional cardiomyopathy. Bradycardia suspected to be

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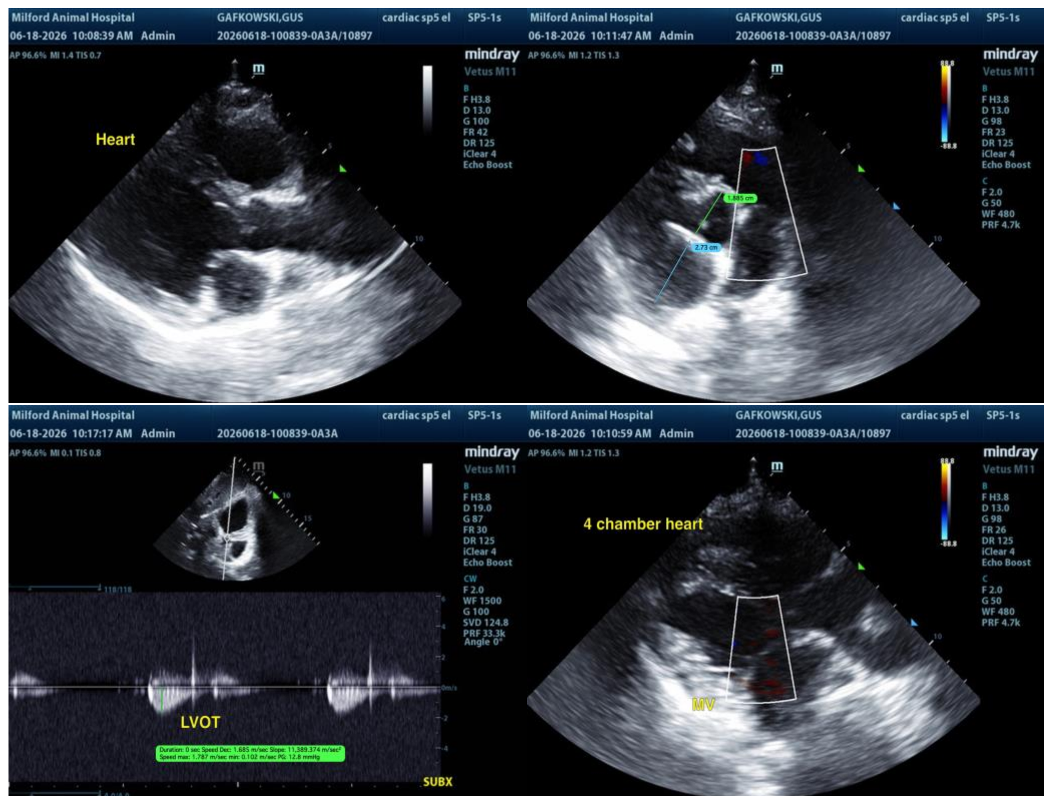
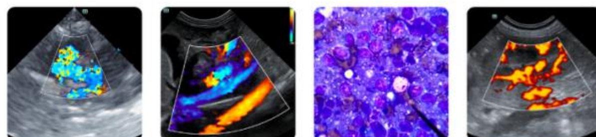
secondary to sedation. Correlation with an ECG would be ideal. A definitive cause of the murmur was not obvious. No evidence of stenotic disease. A flow murmur, potentially owing to athletic state given borderline decreased yet adequate LV systolic function is possible. A non-visualized flow abnormality is not definitively excluded.

Regardless, the hemodynamic effects of the murmur at this stage appear low given lack of left or right heart chamber enlargement. No obvious indication for cardiac medications in conjunction with no reported clinical signs. Conservative monitoring of the murmur going forward is advised with recheck echoes suggested in six months, sooner if murmur intensity increases or if clinical signs arise.

No overt anesthetic contraindications. 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.





SonoPath.com info@sonopath.com 1.800.838.4268

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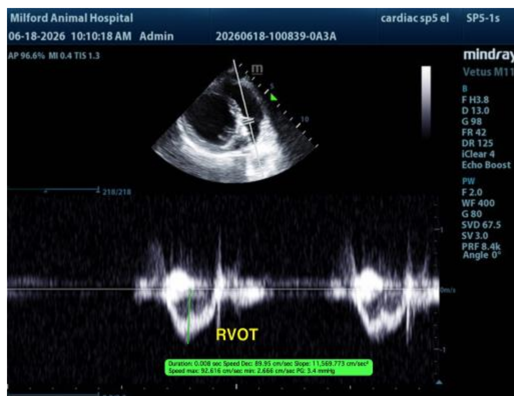

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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