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Clinical Sonography & Telecytology
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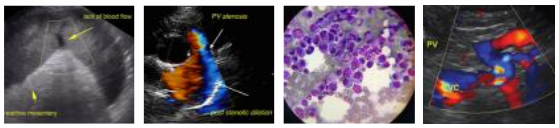


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Beasley Brown

SPECIES

Canine

BREED

Labradoodle

SEX

MN

AGE

10 years

WEIGHT

45.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Delta Oaks

REFERRING VET

Dr. Samuel

INVOICE

13985

DATE

6/2/22

PRESENTING CLINICAL SIGNS

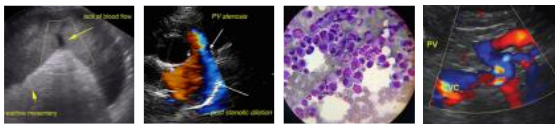
Heart murmur noted on exam for well health/check ears on 5/18/22 - not previously noted. - No overt clinical signs tied to murmur, but P may be placed under anesthesia for a dental and/or removal of a small eyelid mass. - 3/6 when patient is anxious, slightly less apparent when calm.
Abnormal PE/Chem/CBC/UA Results: Heart Rate and Respiratory Rates Variable - anxious dog. Usually ~100-120 bp, pant RR Blood Pressure Measurments not obtained Current Medications NeoPolyDex eye ointment, Amoxicillin-clavulanate for possibly infected eyelid mass

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				1.3	36.4	69.5	0.32
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	1.7	1.0		3.9	3.3	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented mild thickening consistent with mild endocardiosis. Doppler indicated centralized insufficiency. 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 systolic flow and subjective structural integrity. Trace aortic insufficiency was present on doppler. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve



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structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

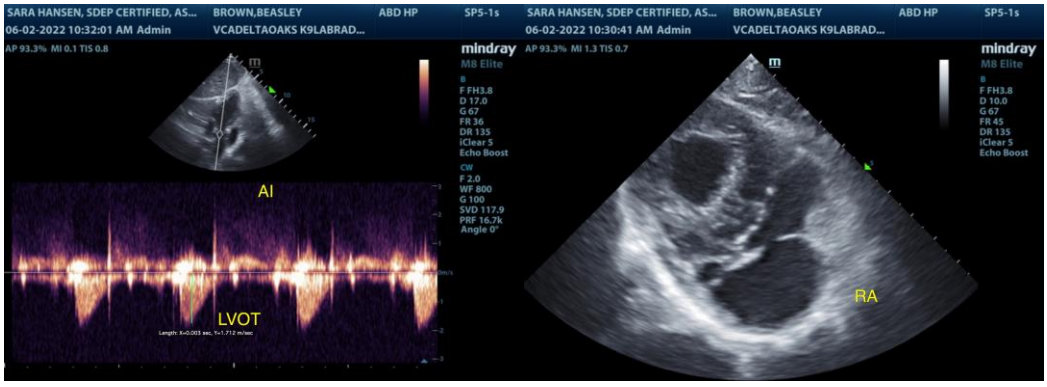
- Mitral valve insufficiency
- Trace aortic insufficiency
- Normal left atrium

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur Is most consistent with mild degenerative valvular changes with secondary centralized eccentric insufficiency. No evidence of DCM criteria was noted. The lack of left atrium enlargement indicates that the risk of complication secondary to mitral valve insufficiency is low at this stage, yet prognosis is highly variable and sonographic monitoring is required for further assessment.

Assessment of systemic blood pressure is suggested, given the trace aortic valve insufficiency. No other additional clinical issues such as LV systolic dysfunction or evidence of clinical pulmonary hypertension were noted. In a nonclinical patient without chamber enlargement, cardiac medications are not indicated. No anesthetic contraindications are evident. Recheck echocardiogram is suggested In 6-12 months, sooner If clinical signs 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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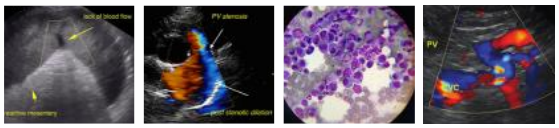

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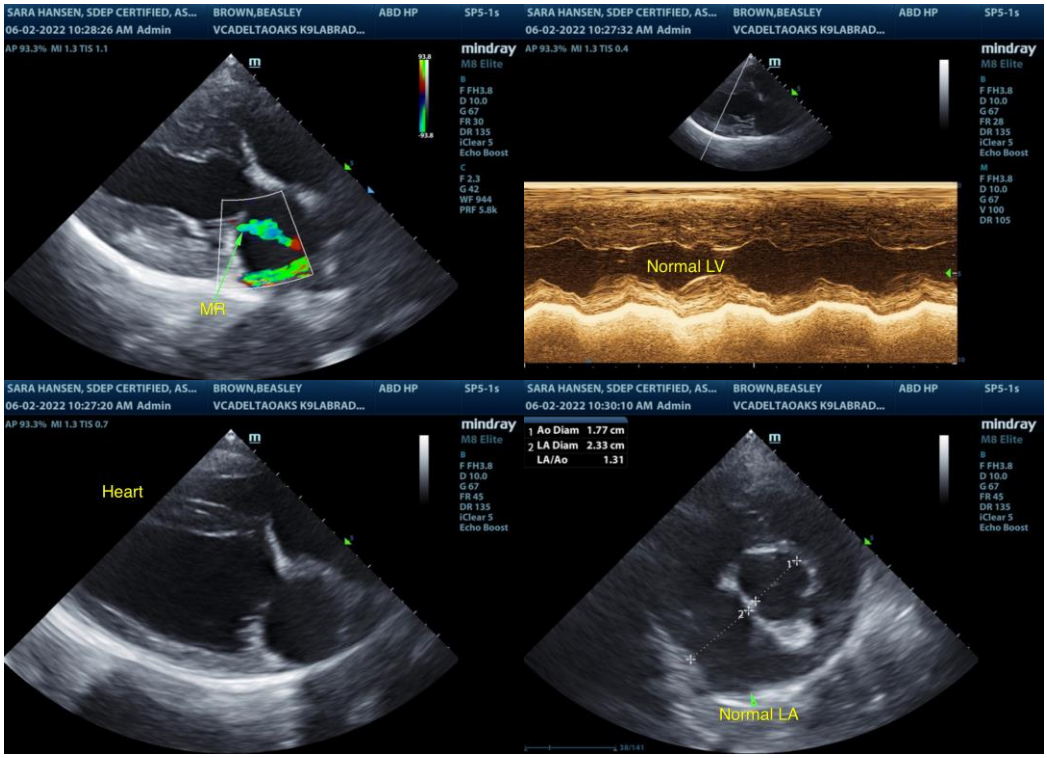

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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