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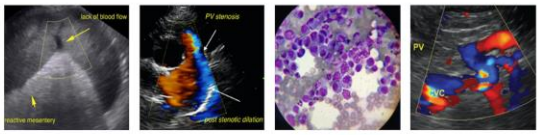

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Dinkleman Roche

SPECIES

Canine

BREED

Poodle Mix

SEX

MN

AGE

2019

WEIGHT

25

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

New Britain VC

REFERRING VET

Dr. Bandekar

INVOICE

13994

DATE

6/2/22

PRESENTING CLINICAL SIGNS

2/6 murmur

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				1.5	40	73	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	145	2.0	1.3		2.9	2.83	

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 subjective mild thickening yet overly normal extension in systole, and union in diastole with overall normal kinesis. Doppler indicated mild eccentric 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 subjective normal laminar systolic outflow and overall structural integrity. Borderline elevated LV outflow velocity was noted. 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). 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

- Overall normal cardiac structure and function
- Mitral valve insufficiency

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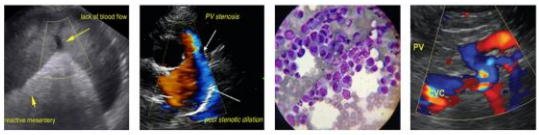

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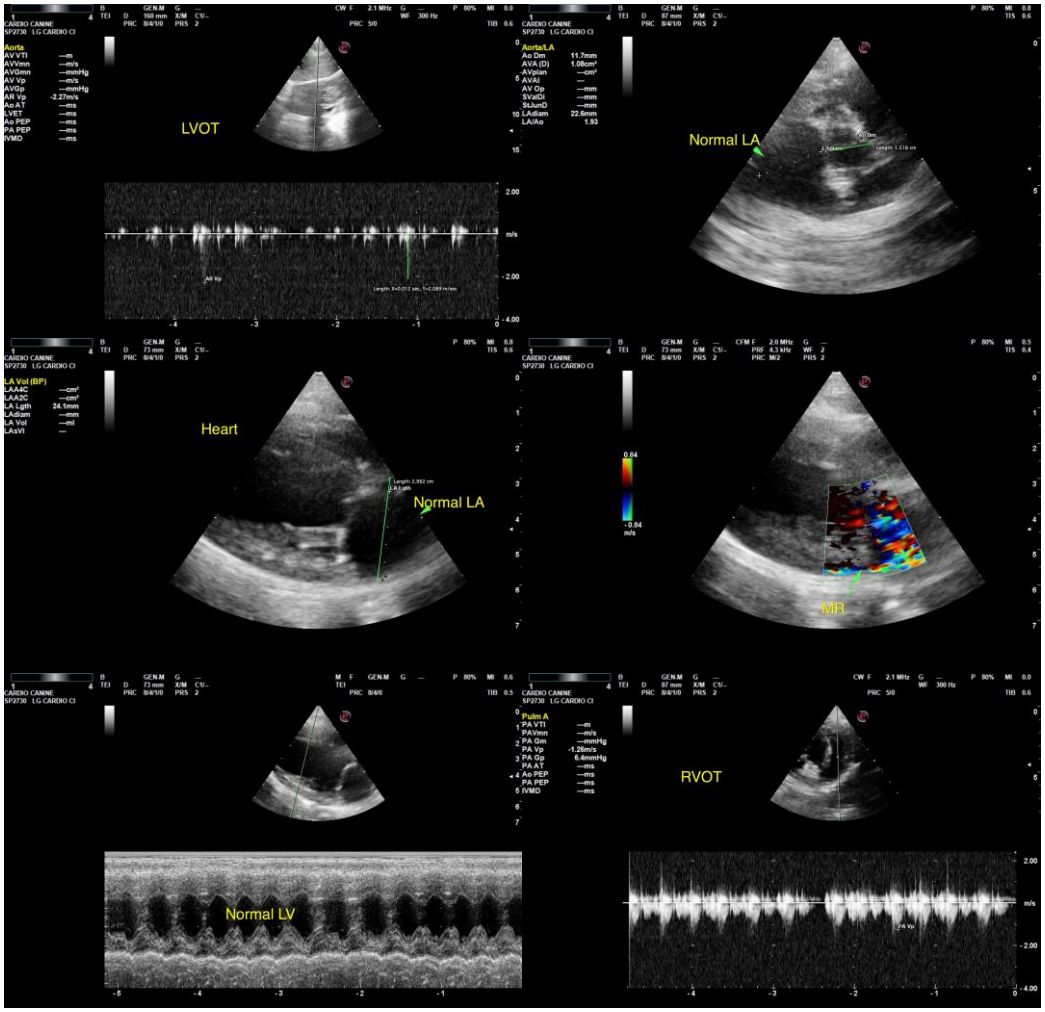
- Borderline elevated LV outflow velocity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant structural or functional cardiomyopathy including no evidence of left or right heart chamber enlargement, LV systolic dysfunction, DCM criteria, or other structural / functional cardiomyopathy. The source of the murmur is most consistent with mitral valve insufficiency. Given the young age of the patient, this may suggest early-onset chronic degenerative valvular changes or some degree of mitral valve dysplasia. The borderline elevated measured LVOT velocity was nonspecific yet not overtly consistent with aortic stenosis and without evidence of secondary effects such as LV hypertrophy.

Regardless of murmur classification, the hemodynamic effects of the murmur appear to be minimal at this time given the lack of chamber enlargement or myocardial abnormalities. Continued monitoring of the murmur would be appropriate at this stage without Indication for cardiac medications. Monitoring for clinical signs associated with cardiac disease, i.e., exercise intolerance, coughing, etc., is suggested. Recheck echocardiogram is recommended in 6 months, sooner if murmur intensity progresses or clinical signs suggestive of heart disease arise.



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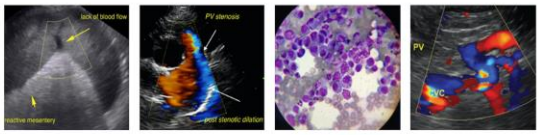

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com