



## PATIENT

Leo Rostek

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

M-intact

## AGE

2 years

## WEIGHT

73.2 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

Animal Hospital of  
Roxbury

## REFERRING VET

Dr. Elia

## INVOICE

13982

## DATE

6/2/22

## PRESENTING CLINICAL SIGNS

R sided cardiomegaly +/- L side, VHS 11.4 noted on pre-sx radiographs for neuter. No clinical signs, no murmur auscultated.

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
<b>CARDIAC PARAMETERS</b>	<b>VMAX</b> (m/s)	<b>VMAX</b> (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
<b>PATIENT</b>			1.0	1.1	22.7	50.3	0.32
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
<b>CARDIAC PARAMETERS</b>	(BPM)	<b>VMAX</b> (m/s)	<b>MAX</b> (m/s)	(kg)	2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	108	1.0	0.75		4.2	4.4	

## 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 subnormal 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. 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.



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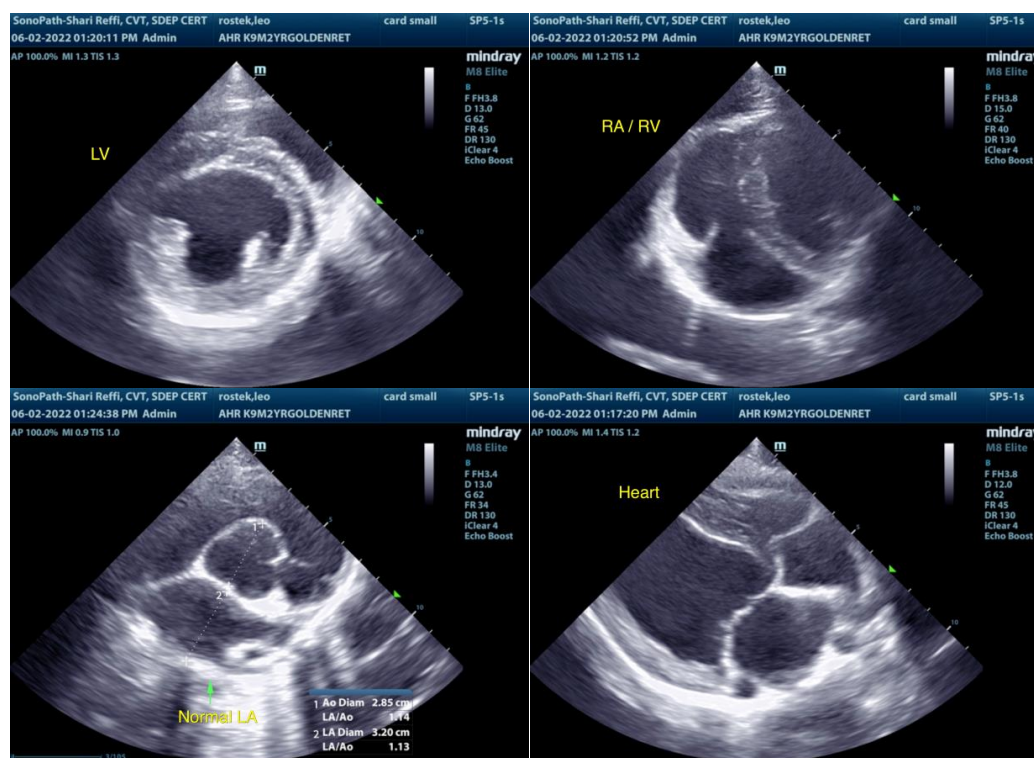
6/2/22

## ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure with LV hypocontractility

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only atypical finding in this study is the LV hypocontractility which is nonspecific. This is suspected to be a potential normal patient variant or secondary to athletic state given the young patient. Assessment for evidence of systemic disease, hypothyroidism, or possible diet history could be considered if clinically applicable. DCM criteria is not present. No indication of cardiac medications, given the patient is nonclinical. Sonographic monitoring is recommended with recheck echocardiogram in 6 months, sooner if clinical signs consistent with heart disease arise. No overt anesthetic contraindications.



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.

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