

## PATIENT

Stella Byrne

## SPECIES

Canine

## BREED

Labradoodle

## SEX

FS

## AGE

7 years

## WEIGHT

35 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sorbo

## HOSPITAL NAME

Mill Brook Animal  
Clinic - VBF

## REFERRING VET

Dr. Sorbo

## INVOICE

17147

## DATE

6/22/23

## PRESENTING CLINICAL SIGNS

Murmur heard once during previous annual exam (Grade III/VI pansystolic murmur with PMI over LHB).

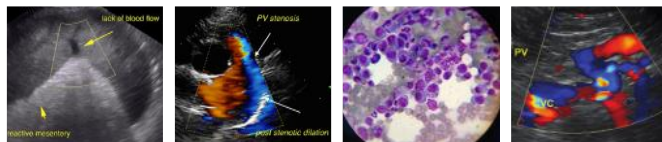
Abnormal PE/Chem/CBC/UA Results: No murmur heard today. No laboratory or other physical exam exams.

## 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	5.0			1.4	42	78	0.37
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	1.6	1.2		3.8	3.5	

### Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 2 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented mild thickening suggestive of mild endocardiosis. No evidence of valvular prolapse was noted. Doppler indicated measurable central to 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 normal laminar flow and subjective structural integrity. 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 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.



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## ULTRASONOGRAPHIC FINDINGS

- Centralized to eccentric MR
- Normal LA / LV

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiogram is consistent with mild chronic degenerative valvular changes with secondary centralized to eccentric MR. An audible heart murmur may be intermittent, given the relatively low-grade measured MR velocity. The lack of LA / LV enlargement indicates that the current and future risk of complications secondary to MR at this stage is low. No other clinical issues such as evidence of DCM criteria, LV systolic dysfunction, or evidence of clinical pulmonary hypertension.

In a nonclinical patient without evidence of overt chamber enlargement, no indication for cardiac medications at this stage. However, the prognosis may be considered variable and sonographic monitoring is recommended. Recheck echocardiogram is suggested in 6-8 months, sooner if clinical signs arise.

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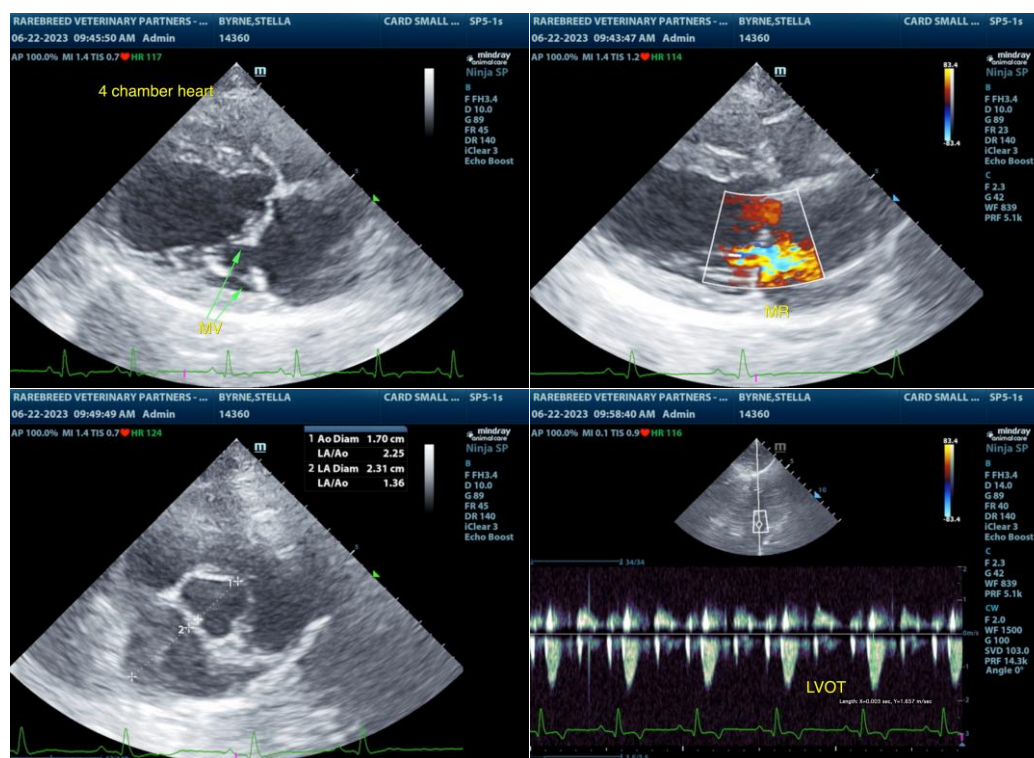
Dr. Sorbo

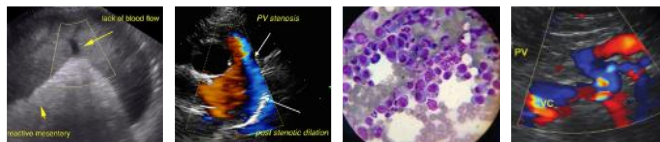
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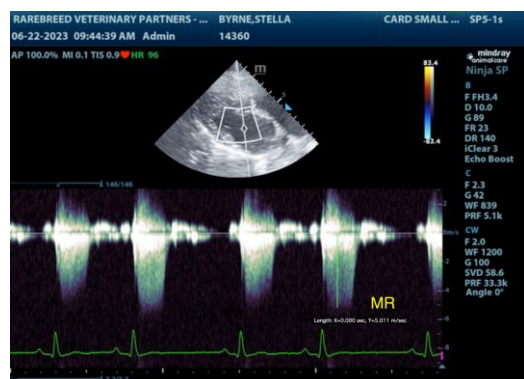
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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