



PATIENT

Molly Fuller

SPECIES

Canine

BREED

Maltese Mix

SEX

SF

AGE

9 years

WEIGHT

18

INTERPRETED BY

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

IMAGING PERFORMED BY

Tasha

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Pryor

INVOICE

14172

DATE

6/30/22

PRESENTING CLINICAL SIGNS

Newly diagnosed diabetic; heart murmur 3/6; asymptomatic
Abnormal PE/Chem/CBC/UA Results: See attached; BP

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT				1.3	45	81	0.2
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (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)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	NM	NM	NM		2.6	2.6	

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 mild subjective vegetative thickening with normal extension in systole and union in diastole with normal kinesis. No evidence of mitral valve leaflet prolapse or chordae tendinea rupture. 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. **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. Possible Intermittent arrhythmia was noted.



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ULTRASONOGRAPHIC FINDINGS

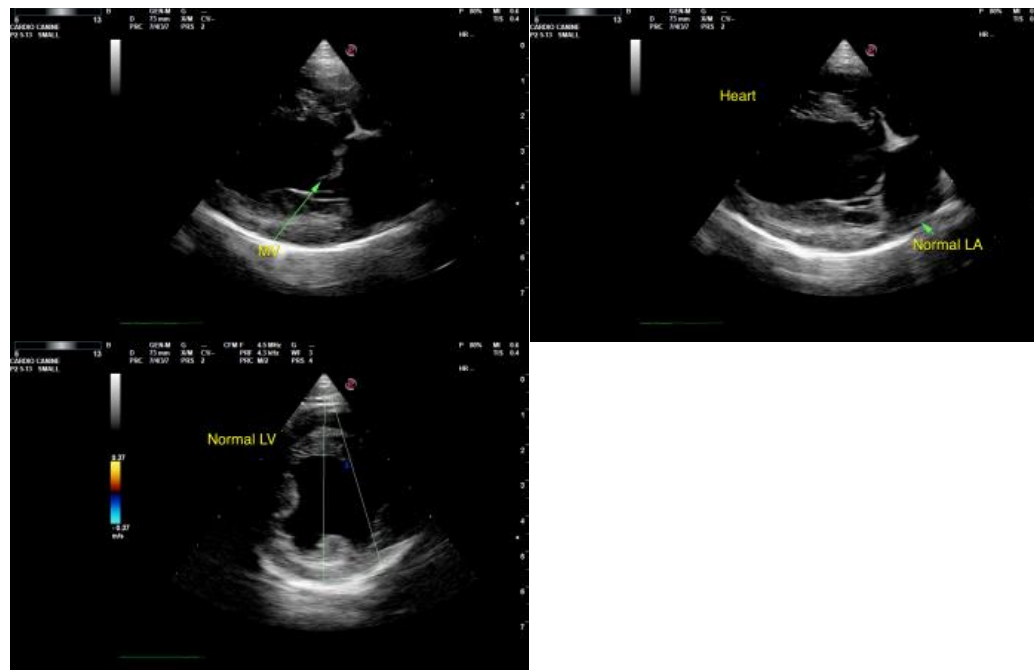
- Overtly normal cardiac structure and function
- Subjective mildly thickened mitral valve

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy with potential for intermittent arrhythmia. ECG assessment is suggested. A definitive cause of the murmur was not apparent, yet if the murmur is primarily left-sided, mitral valve Insufficiency as a cause of the murmur would be suspected. Potential for physiologic benign flow murmur or other small flow abnormality not visualized cannot be excluded.

Regardless, the hemodynamic effects of the murmur appear to be low, given the lack of left or right heart chamber enlargement. No indication for cardiac medications was evident. Conservative monitoring of the murmur at this stage would be reasonable yet serial sonographic monitoring is required for further prognosis. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs consistent with heart disease arise. No 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.



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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