



PATIENT

Jackson Cloud

SPECIES

Canine

BREED

Labrador

SEX

MN

AGE

14 yr

WEIGHT

88 lb

PRESENTING CLINICAL SIGNS

History: New murmur detected on exam recently. Patient is non clinical. Patient has history of IBD and arthritis. Mild left sided systolic murmur

Abnormal PE/Chem/CBC/UA Results: no overt abnormalities currently

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			1.47	1.47	27.1	56.8	0.45
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	1.0	0.95		4.7	4.8	

INTERPRETED BY

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

IMAGING PERFORMED BY

Meredith Swart

HOSPITAL NAME

Swart Veterinary
Imaging

REFERRING VET

Meredith Swart

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 minor subjective thickening with normal 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 mildly subnormal as 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.

INVOICE

11096ag

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ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure with mild LV hypocontractility
- Normal LA



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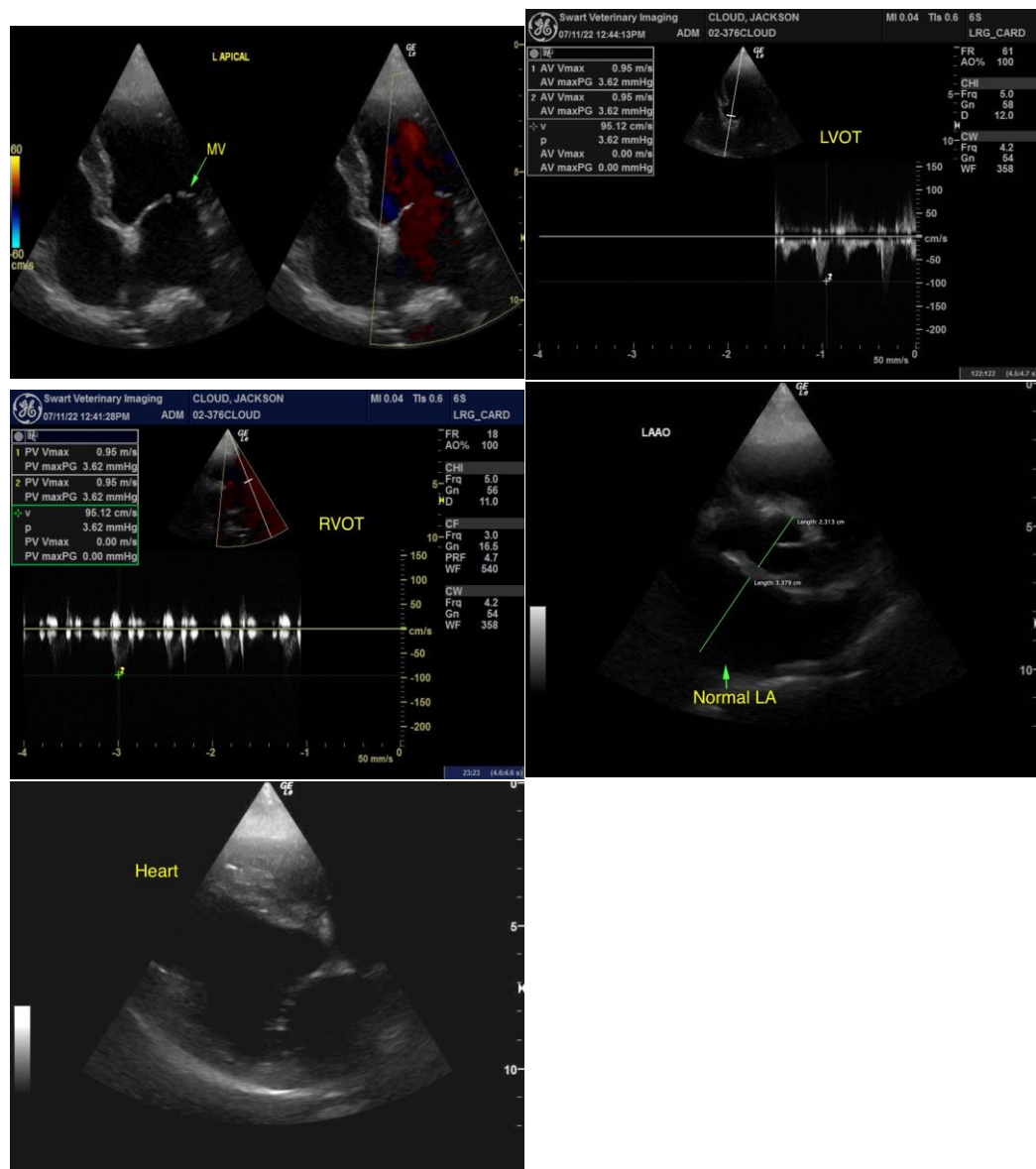
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07/11/2022

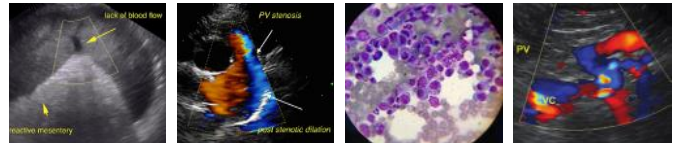
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant structural cardiomyopathy was present. The mild LV hypocontractility is nonspecific without evidence of DCM criteria. Patient or age-related variant, hypothyroidism or athletic state can present in this manner. Given that the patient is nonclinical this does not appear to be a clinical issue at this point. A definitive cause of the murmur was not obvious yet given the clinical impression of the murmur, minor mitral valve insufficiency may be considered a top differential diagnosis. The hemodynamic effects of the murmur appear to be low. Continued monitoring of the murmur at the stage would be appropriate without overt indication for cardiac medications.

Recheck echocardiogram suggested in 6 months, sooner if clinical signs consistent with heart disease arise or if murmur intensity progresses.



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



PATIENT

visible in the image/video clips provided.

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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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info@SonoPath.com

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