



PATIENT

Reddick Kick

SPECIES

Canine

BREED

Mix

SEX

MN

AGE

13yr

WEIGHT

31.8lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Evoniuk

HOSPITAL NAME

State Avenue
Veterinary Clinic

REFERRING VET

Dr. Casas-Dolz

INVOICE

11116ag

DATE

07/12/2022

PRESENTING CLINICAL SIGNS

pre-anesthetic echo 2/6 holosystolic heart murmur

Abnormal PE/Chem/CBC/UA Results

Chem:

Alb: 4.6

Alp: 1700

Alt: 182

Ca: 11.9

K: 5.8

Glob: 2.1

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				1.4	50.8	85.8	0.25
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				2.9	2.5	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size and structure. Chamber volume and blood echogenicity were normal. The cranial and caudal mitral valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. The left ventricle presented normal free wall and septal thicknesses with linear contour. The myocardium presented some echogenic remodeling consistent with expected age-related change. Contractility of the ventricular walls was adequate and in normal range for this breed and patient size. The left ventricular outflow tract demonstrated normal laminar flow with subjectively unremarkable structure. Subjective assessment of the right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated expected findings for this age patient. The right ventricle was of normal size (1/3 diameter of LV), echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No dilation due to heartworm disease,



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cor pulmonale, stenosis, or pulmonic hypertension was noted. No visible pericardial or free pleural fluid was noted. The mediastinum was free of masses in the visible window.

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ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function

BREED

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant cardiomyopathy. Mild myocardial changes associated with age were present. No evidence of clinical issues such as LV systolic dysfunction, left or right heart chamber enlargement or clinical pulmonary hypertension. A definitive cause of the low grade murmur was not evident, benign physiologic flow murmur or a small flow abnormality not visualized could be possible. The hemodynamic effect of the low grade murmur appear to be minimal. No indication for cardiac medication. No overt anesthetic contraindications. Screening BP prior to anesthesia is recommended. A recheck echocardiogram is recommended in 6 months, sooner if clinical signs associated with heart disease arise.

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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.

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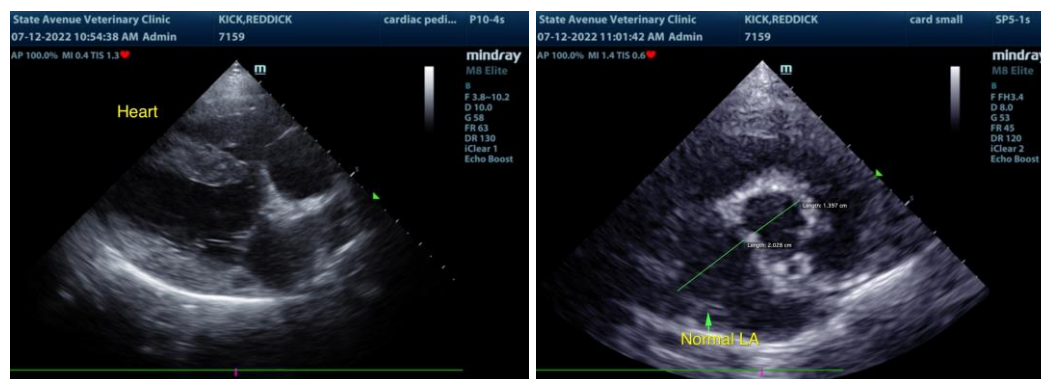
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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