



PATIENT PRESENTING CLINICAL SIGNS

Lady Cheatwood History: pet was presented for ovariohysterectomy. on PE heard heart murmur louder on right side-grade-1
Abnormal PE/Chem/CBC/UA Results: pending lab work

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Jack Russell Terrier

SEX

Female

AGE

4 Years

WEIGHT

11.6 Pounds

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	<1.6	28-40	40-100	<0.6
PATIENT	--	--	NM	1.25	45	80	0.22
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	0.79	--	2.5	2.5	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Arun Katagulla

HOSPITAL NAME

434 AH

REFERRING VET

Arun Katagulla

INVOICE

23400

DATE

7/14/23

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. No overt MR on doppler. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. Normal measured LVOT velocity. 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. Normal measured RVOT velocity. 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. No overt TR on doppler. 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.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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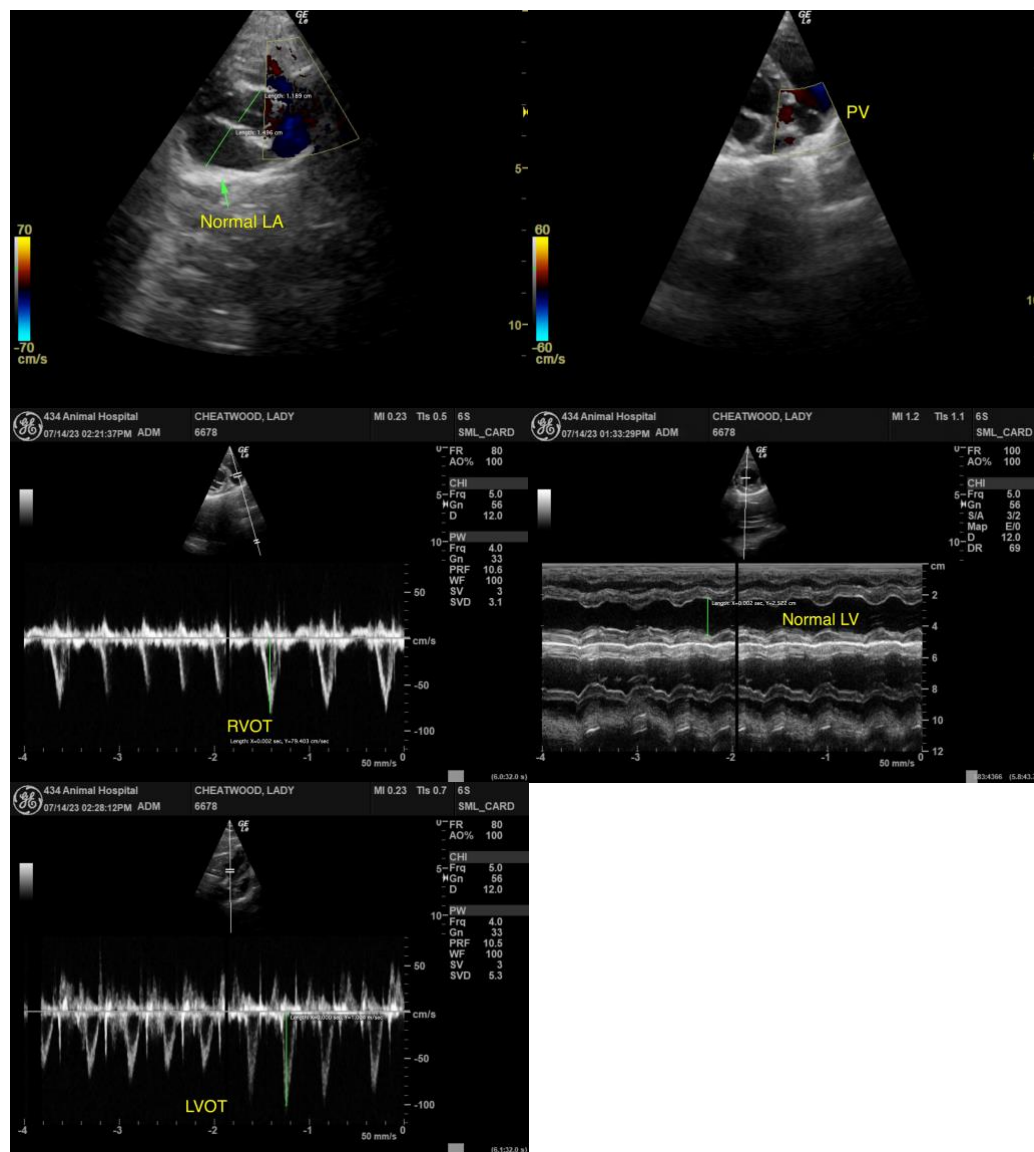
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No evidence of structural or functional cardiomyopathy without a definitive cause of the murmur identified. If no evidence of volume changes, such as dehydration or anemia, a benign physiologic or flow murmur is considered most probable, although a small non-visualized flow abnormality cannot be definitively excluded. Regardless, the hemodynamic effects of the low-grade murmur are minimal given no evidence of left or right heart chamber enlargement. Conservative monitoring of the murmur and correlation with pending lab work is recommended. No anesthetic contraindications or indication for cardiac medication. Recheck echocardiogram is recommended in 8-12 months or sooner if clinically indicated or if murmur intensity increases.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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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info@SonoPath.com

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