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Clinical Sonography & Telecytology
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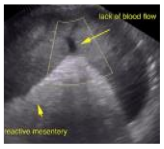

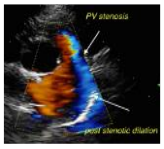

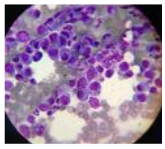
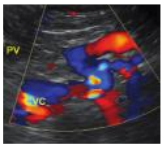

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sam DiDomenico

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

6 years

WEIGHT

8.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Mildand Park VH

REFERRING VET

Dr. John Shokoff

INVOICE

14323

DATE

7/20/22

PRESENTING CLINICAL SIGNS

Patient presents for grade 2/6 systolic murmur, PMI over mitral valve noted on routine visit. No apparent clinical signs associated with cardiopulmonary disease.

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			1.3	1.4	44.4	78.5	0.27
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	144	1.5	0.86		2.0	2.0	

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. Minor MR was present on doppler. 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.

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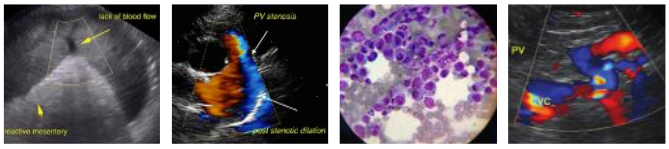

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ULTRASONOGRAPHIC FINDINGS

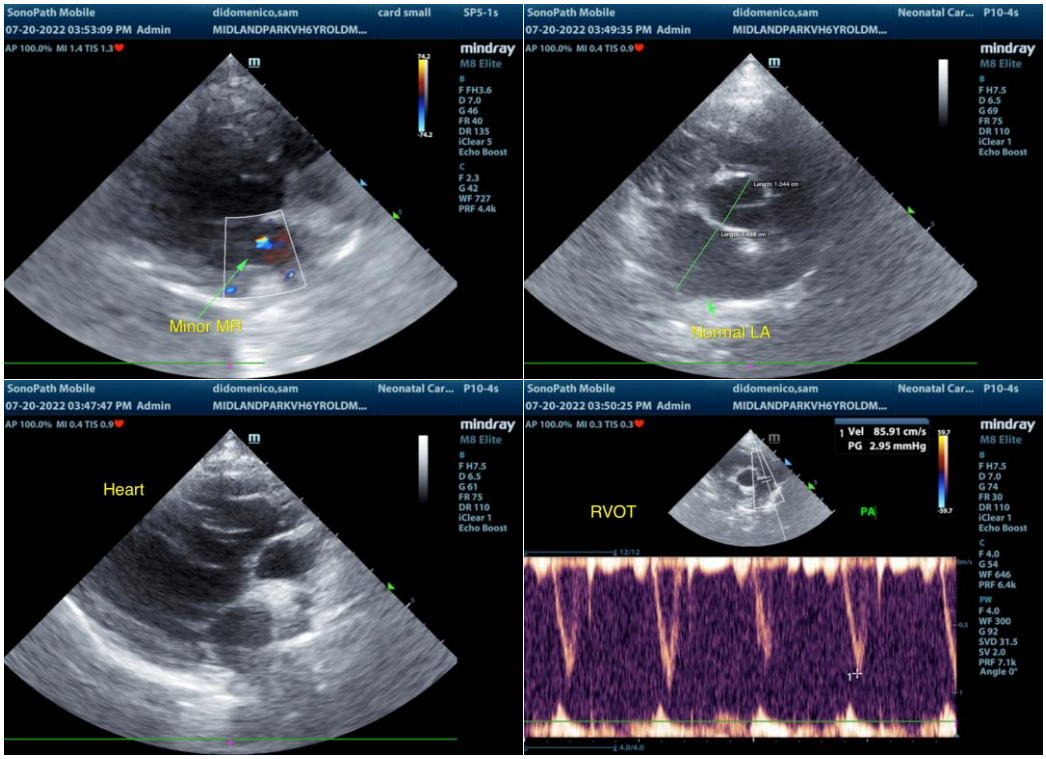
- Normal echocardiogram
- Subjective minor mitral valve insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, structurally and functionally normal heart without evidence of significant cardiomyopathy or clinical issues such as left or right heart chamber enlargement, LV systolic dysfunction, significant valvular insufficiencies, stenotic disease, or evidence of clinical pulmonary hypertension.

Minor MR appears to be present yet is not likely audible. A definitive cause of the low-grade murmur was not obvious. Assuming no evidence of volume changes such as dehydration or anemia, a benign physiologic flow murmur could be possible. Regardless, the hemodynamic effects of the murmur appear to be minimal, given the lack of left or right heart chamber enlargement or overt significant valvular insufficiencies.

Conservative monitoring of the murmur is recommended. No indication for cardiac medications. No anesthetic contraindications if needed. Recheck echocardiogram is suggested in 6-12 months, sooner if clinical signs arise or if murmur intensity progresses.



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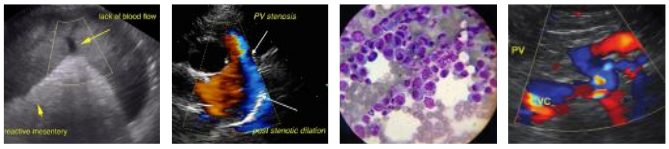

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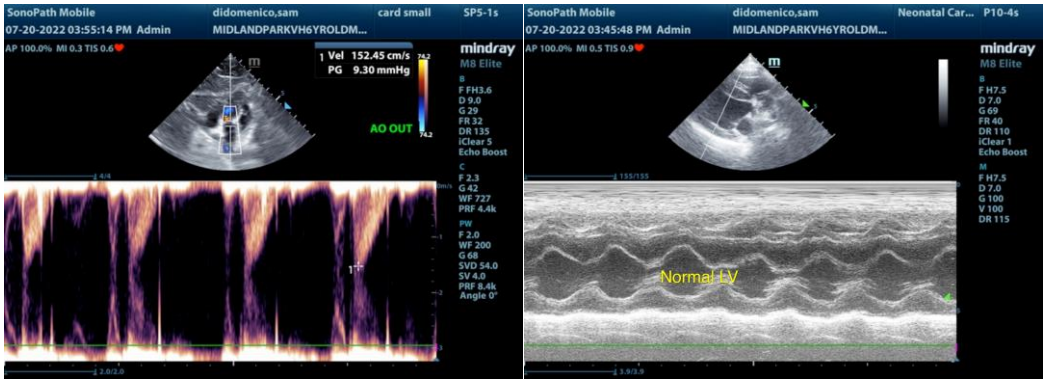

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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