



## PATIENT

Scooter Gillespie

## PRESENTING CLINICAL SIGNS

History: Grade 3 murmur, both sides.

## SPECIES

Canine

## BREED

Retriever Mix

## SEX

MN

## AGE

10yr

## WEIGHT

35kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dave Stasiuk

## HOSPITAL NAME

Resolution Veterinary  
Ultrasound

## REFERRING VET

Healthy Paws  
Forward

## INVOICE

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## DATE

07/29/2022

## 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				1.7	47.6	79.3	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	1.1	0.9		5.0	4.3	

## Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal mitral valve leaflets presented mild vegetative thickening consistent with mild endocardiosis. Doppler indicated eccentric insufficiency. 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 or chamber overload. Tricuspid valvular assessment demonstrated adequate linear morphology. Mild TR present on Doppler. The right ventricle was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Pulmonic 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. No echographically detectable evidence of infiltrative disease was visible. The cranial mediastinum and pericardial regions were free of masses in the visible window.

## ULTRASONOGRAPHIC FINDINGS

- Eccentric mitral valve insufficiency
- Normal LA/LV
- Minor TR-no evidence of clinical pulmonary hypertension

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is consistent with minor chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. In a nonclinical patient no cardiac medication are indicated. Continued monitoring of the murmur at this stage would be appropriate however prognosis



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is highly variable and serial sonographic monitoring is required for further prognosis. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs arise or if murmur intensity increases.

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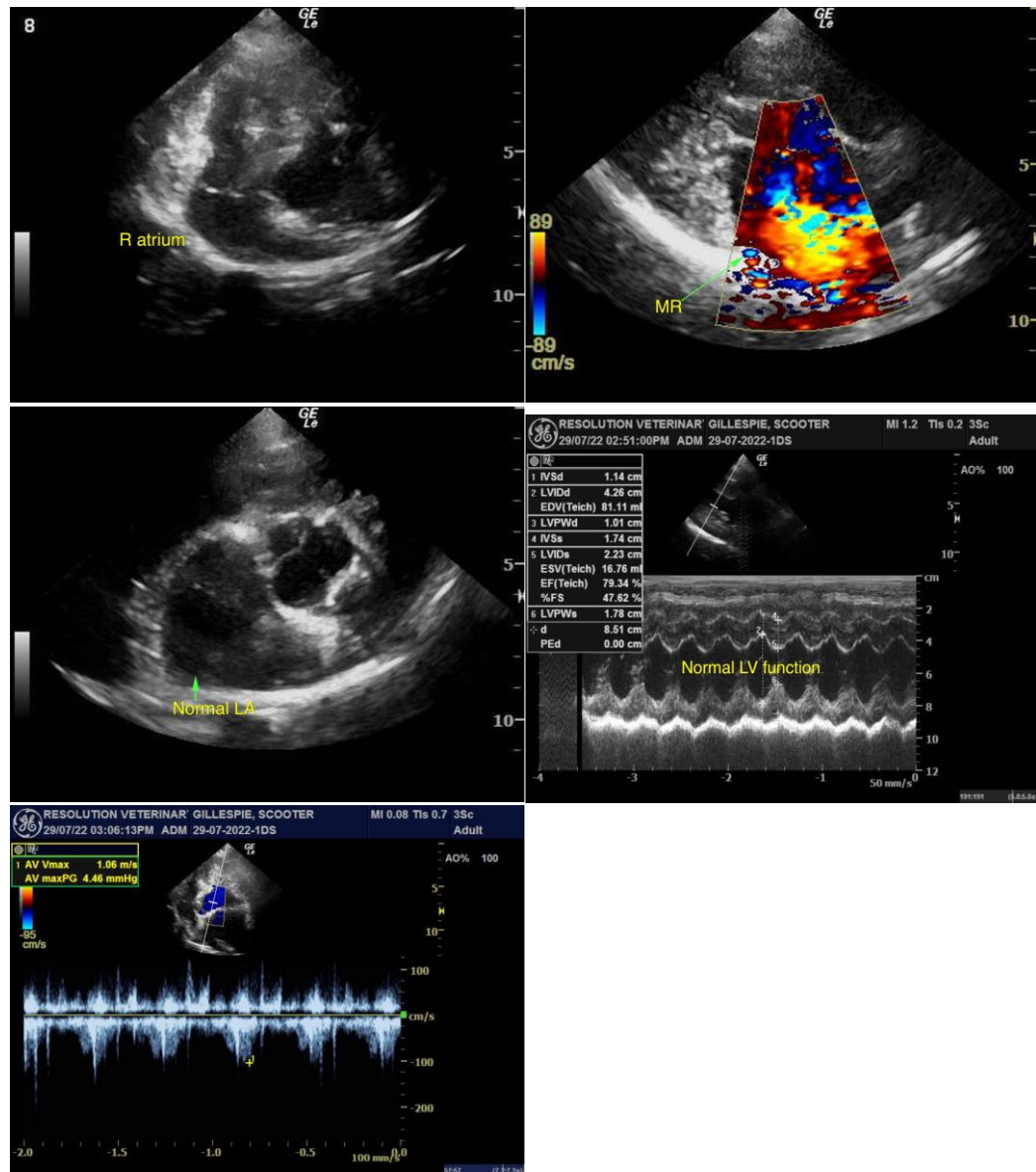
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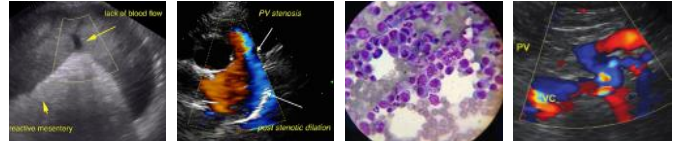
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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info@SonoPath.com

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