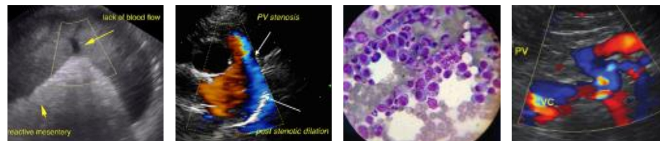

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Frankie Schwab

SPECIES

Cnaine

BREED

Spaniel Mix

SEX

FS

AGE

4yr

WEIGHT

32lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sorbo

HOSPITAL NAME

Mill Brook Animal Clinic - VBF

REFERRING VET

Locum/Relief - c/o Sorbo

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DATE
08/10/2023

PRESENTING CLINICAL SIGNS

History of peri-post emetic syncopal-like episodes starting around 18months of age. Happens once every 4-6 months. P vomits the entire meal, then walks with a wobble. Two months ago, P vomited, then wobbled on 3 legs, then convulsed. Happened again 3 weeks ago with two convulsions. Convulsions last 30 seconds.

Abnormal PE/Chem/CBC/UA Results: Grade I/VI cranial focal LS murmur, strong, synchronous femoral pulses. June 2023: Chem 12, CBC, HWT wnl.

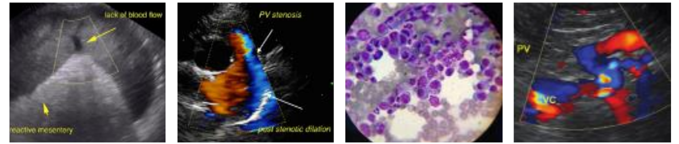
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	<1.6	28-40	40-100	<0.6
PATIENT				1.2	40	75	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	1.8	1.0		3.4	3.35	

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. 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 LVOT 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). Normal measured RVOT velocity. No visible pericardial or free pleural fluid was noted. The cranial mediastinum and pericardial and extra-cardiac regions were free of masses in the visible window. Possible intermittent arrythmia noted.

SonoPath
Clinical Sonography & Telecytology



EDUCATIONAL TELECONSULTATION SERVICES™

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ULTRASONOGRAPHIC FINDINGS

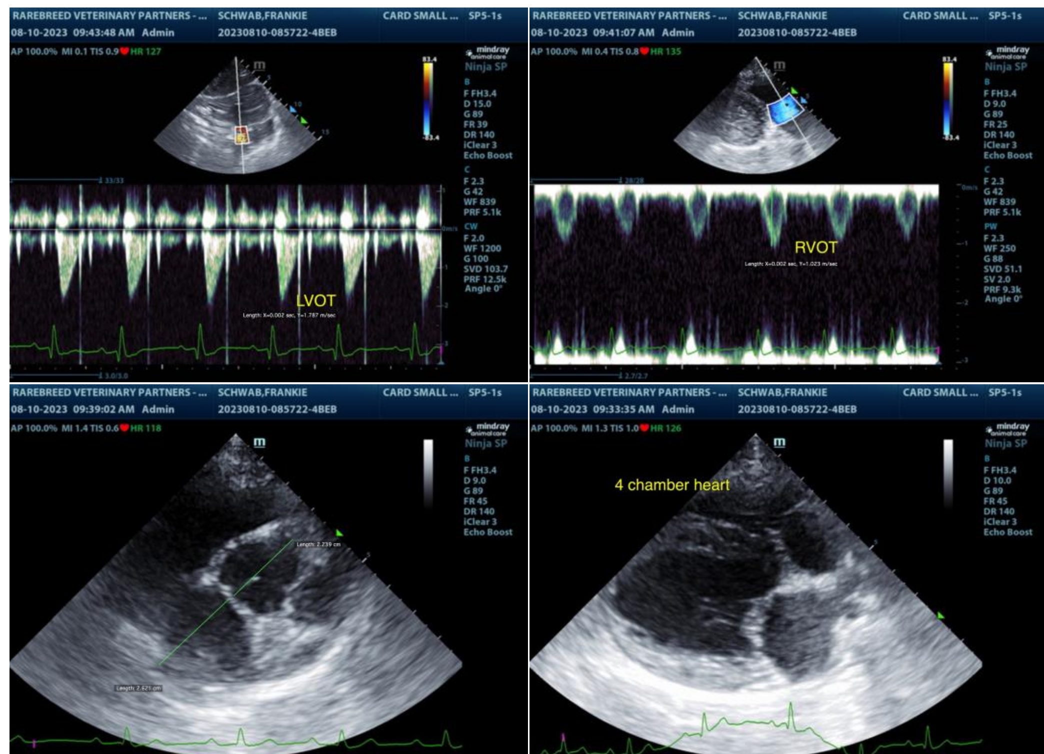
- Normal echocardiogram.
- Possible intermittent arrythmia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy was present in this study as a cause of the patient's syncope like episodes.

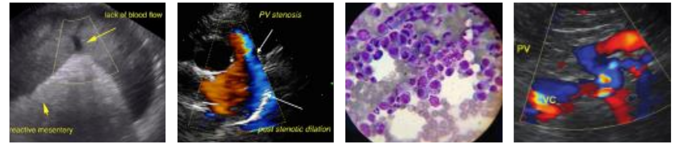
A definitive cause of the patient's murmur was not evident without evidence of structural or functional cardiomyopathy. No evidence of clinical issues such as left or right heart chamber enlargement, LV systolic dysfunction, clinical pulmonary hypertension or overt valvular insufficiencies was present. A benign physiologic flow murmur or small flow abnormality is suspected.

ECG assessment is indicated for further clarification of the arrythmia. Holter monitor may be considered if syncopal episodes continue. No indication for cardiac medications. A thorough neurological examination is suggested if not done.



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



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can be of any further assistance, please contact me.

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