


PATIENT

Chloe Greaney

PRESENTING CLINICAL SIGNS

Pre-anesthetic eval. for dental (gr. 3/4 PDDZ). Grade III/VI heart murmur, asymptomatic. Current Meds: Trazodone, Gabapentin

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Pending

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED	CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
Beagle Mix								
SEX	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
FS	PATIENT			1.2	1.1	35	70	03
AGE	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)
10yr								
WEIGHT	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
38	PATIENT	150	1.6	1.2		3.5	3.4	

INTERPRETED BY

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

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 with trace pulmonic insufficiency present on Doppler. 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.

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

 Shohola Veterinary
 Hospital

REFERRING VET

Dr. DeMeo

ULTRASONOGRAPHIC FINDINGS
INVOICE

14577ag

- Normal echocardiogram.
- Trace pulmonic insufficiency.

DATE

08/11/2023



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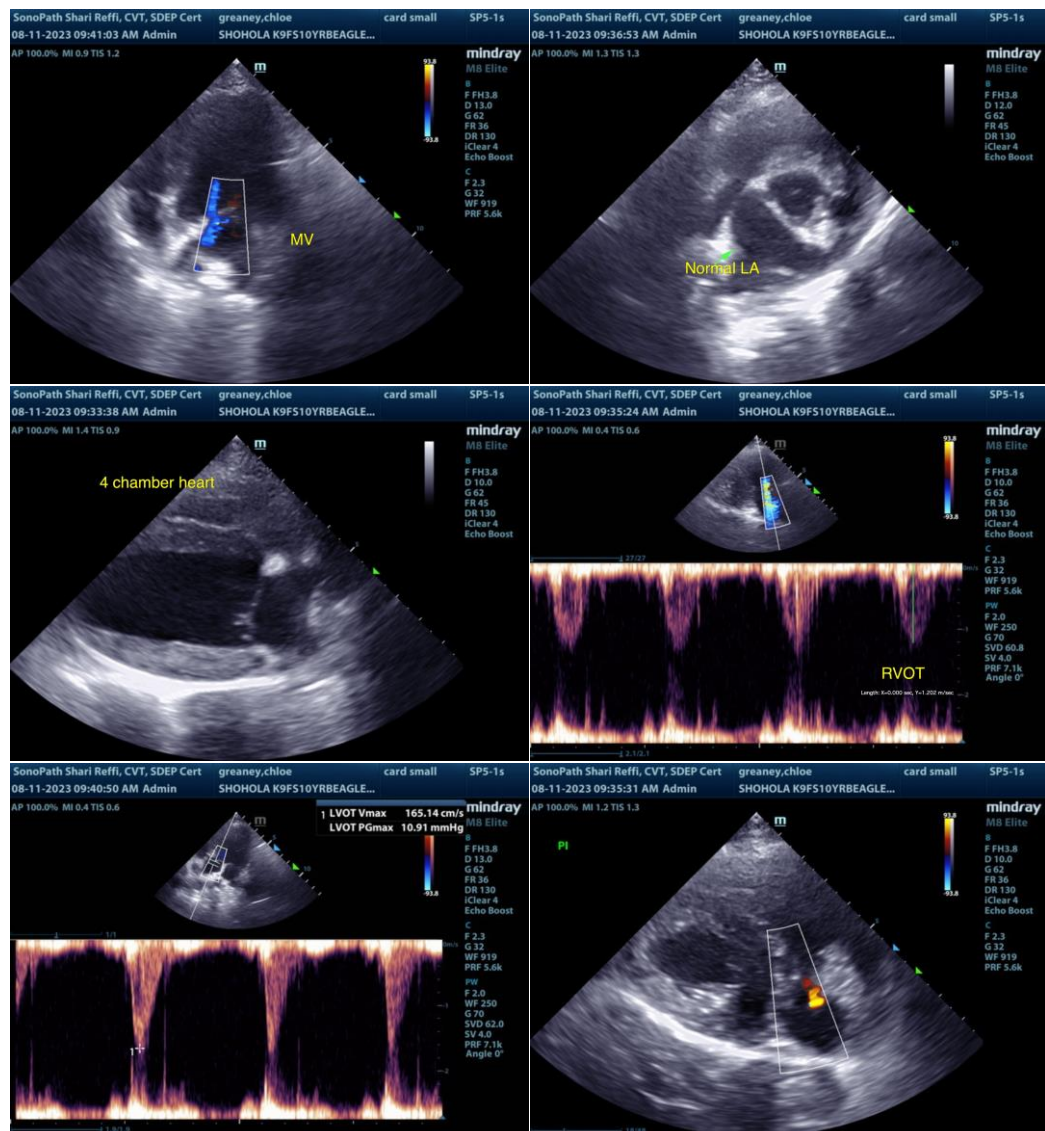
DATE

08/11/2023

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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, stenotic disease or overt valvular insufficiencies was present. Regardless, the lack of left or right heart chamber enlargement indicate that the hemodynamic effects of the murmur are minimal. No indication for cardiac medications. No anesthetic contraindications.

Continued conservative monitoring of the murmur is recommended. Recheck echocardiogram recommended in 6-12 months, sooner if murmur intensity increases or clinical signs suggestive of heart disease arise.



The information and recommendations provided are based on the images presented by the referring



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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.

SPECIES

Canine

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

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Beagle Mix

SEX

FS

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10yr

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