


PATIENT

Oreo Smith

PRESENTING CLINICAL SIGNS

Historical low-grade left side murmur. No clinical signs.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: none reported

BREED

Mix

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
SEX

MN

AGE

11yr

WEIGHT

65lb

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				1.45	39	75	0.34
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	1.4	1.0		4.9	4.8	

Cardiac Presentation
INTERPRETED BY

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

The echocardiogram in this patient demonstrated normal left atrial size based on 2 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal mitral valve leaflets presented subjective mild thickening consistent suggestive of mild endocardiosis. Doppler indicated mild 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. Normal LVOT velocity. 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. No overt TR 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). Normal measured RVOT velocity. 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.

IMAGING PERFORMED BY

Meredith Swart

HOSPITAL NAME

 Swart veterinary
 Imaging

REFERRING VET

Meredith Swart

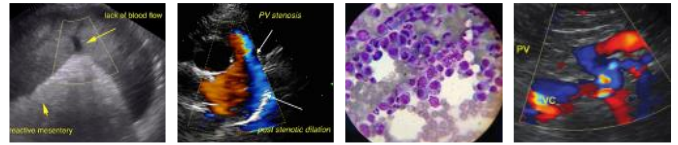
ULTRASONOGRAPHIC FINDINGS
INVOICE

14648ag

- Overtly normal cardiac structure and function.
- Suspect mild MR.

DATE

08/18/2023



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HOSPITAL NAME

Swart veterinary
Imaging

REFERRING VET

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INVOICE

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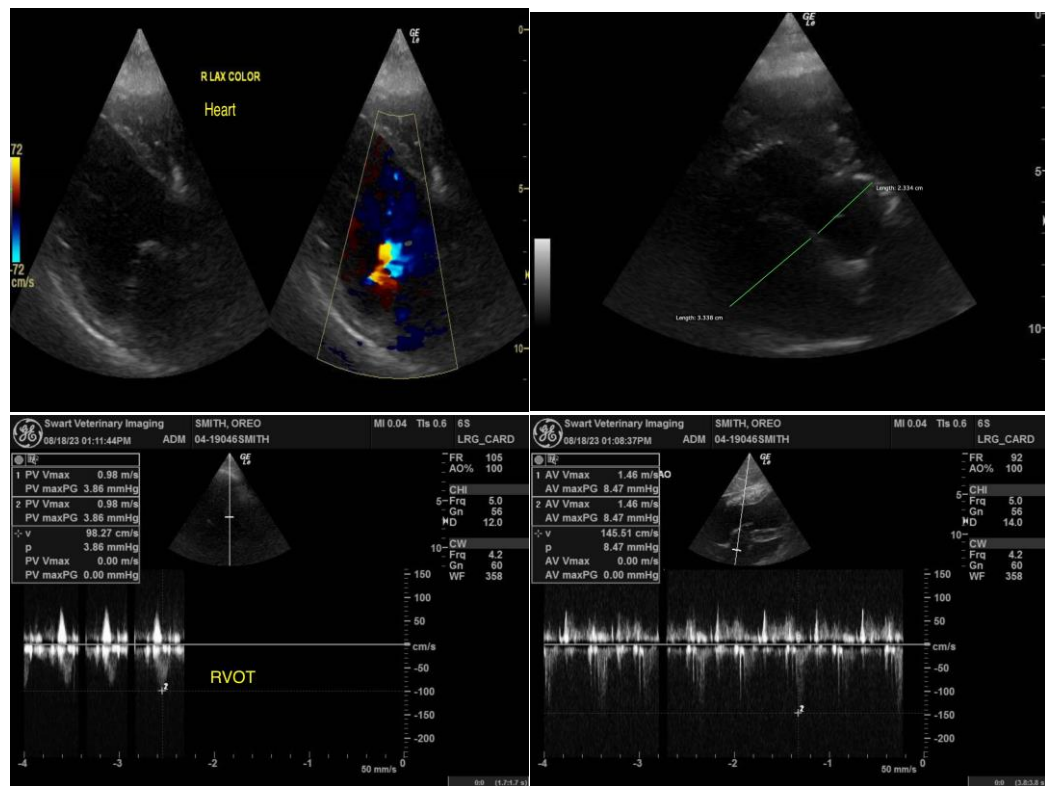
DATE

08/18/2023

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy was present in this study including no evidence of clinical issues such as DCM criteria, LV systolic dysfunction, clinical pulmonary hypertension or stenotic disease. Suspect mild MR based on potential for indistinct MR on color Doppler and murmur description. The hemodynamic effects of the murmur appear to be minimal. No indication for cardiac medications.

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



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



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