


**PATIENT**

Harley Allerdings

**PRESENTING CLINICAL SIGNS**

History: Recent diagnosis of heart murmur on July 14, 2022. Historically has been on a grain free diet. History of atopy controlled with Cytopoint.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Systolic Heart Murmur Grade 2/6

**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)
Cocker Spaniel								
SEX	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
MN	PATIENT				1.5	40.5	74.6	0.2
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)
7yr								
WEIGHT	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
34lb	PATIENT	NM	NM	1.3		3.7	3.7	

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Evoniuk

**HOSPITAL NAME**

 State Avenue Vet  
 Clinic

**REFERRING VET**

Dr. Lenz

**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 minor vegetative thickening consistent with minor endocardiosis. Doppler indicated subjective 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. 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. 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**

- Overtly normal cardiac structure and function-no evidence of DCM criteria
- Probable mild MR

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of the murmur is suspected to be secondary to early mild chronic degenerative valvular

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changes with mild MR. No obvious evidence of dietary cardiomyopathy given the patient history. The lack of LA enlargement indicate that the risk of complication is low. In a nonclinical patient without evidence of chamber enlargement, cardiac medications are not indicated. Switching to a traditional diet is suggested. Conservative monitoring of the murmur at this stage would be appropriate. Recheck echocardiogram recommended in 6 months sooner if clinical signs consistent with heart disease arise or if murmur intensity increases. No anesthetic contraindication if anesthesia is required.

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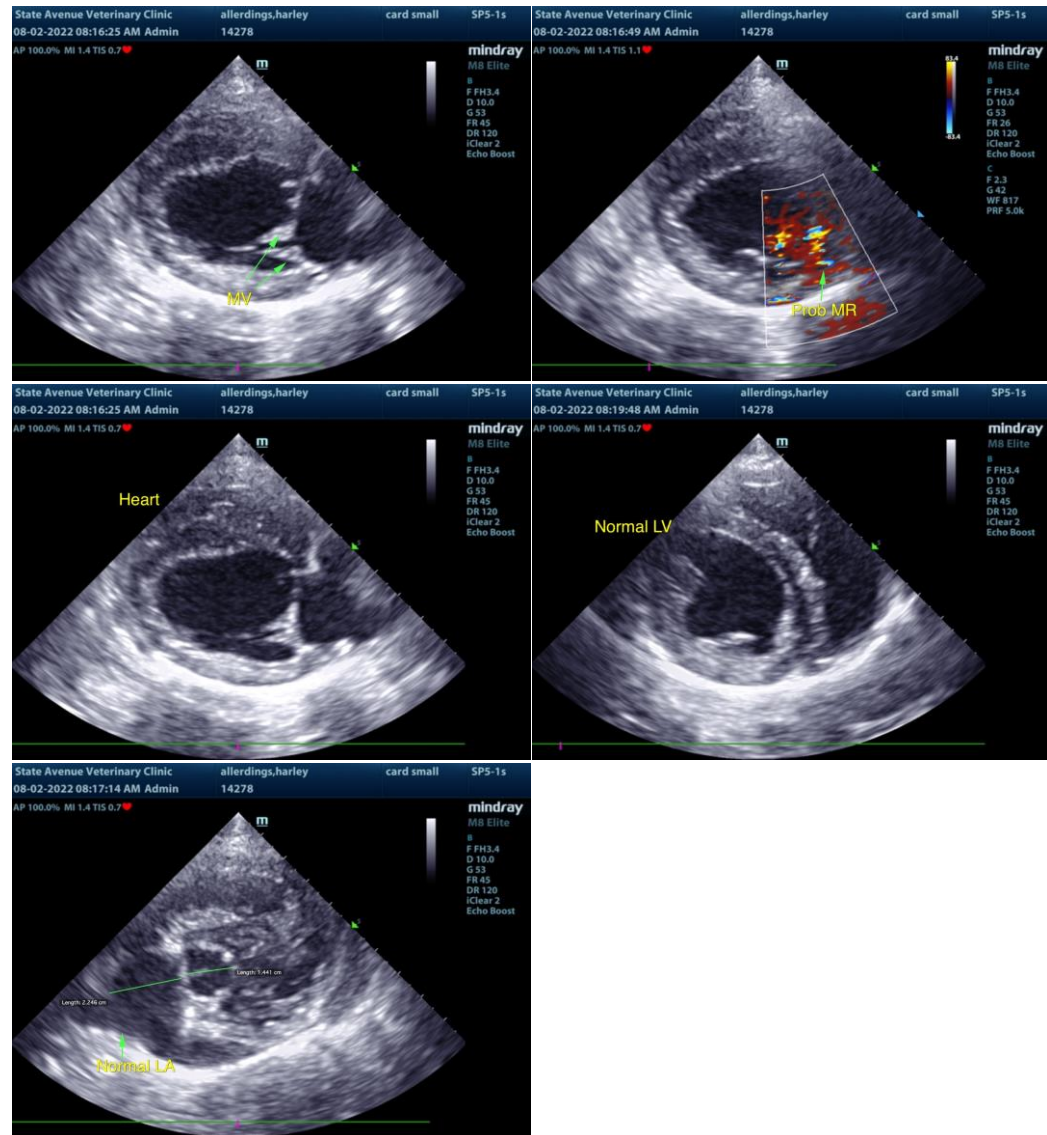
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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