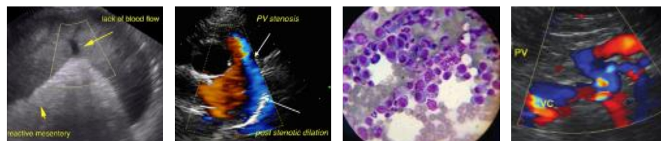
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Stella Gateway

SPECIES
Canine

BREED
Mix

SEX
F

AGE
6 yrs

WEIGHT
19 lbs.

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

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
Warren AH

REFERRING VET
Dr. Amber

INVOICE
14768

DATE
8/31/22

PRESENTING CLINICAL SIGNS

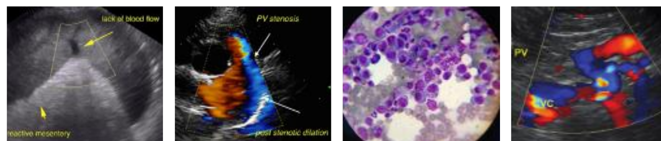
Sinus arrhythmia w/ sinus pauses. Grade II HM left side
Abnormal PE/Chem/CBC/UA Results: Lyme +

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	5.5			1.45	45.8	80.7	0.2
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	219	1.7	0.9		2.7	2.4	

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 evidence of valvular prolapse or chordae tendinea rupture. Mild eccentric MR was present 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 LVOT velocity was present. 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. 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 RVOT velocity was present. No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window. Subjective tachyarrhythmia was present.



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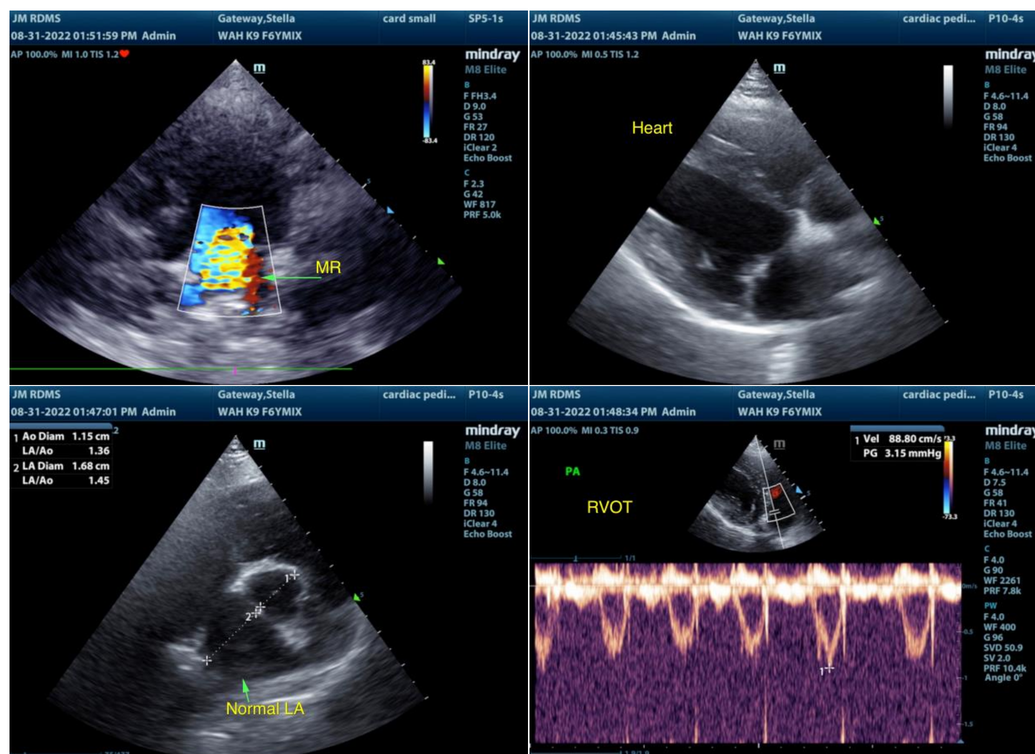
ULTRASONOGRAPHIC FINDINGS

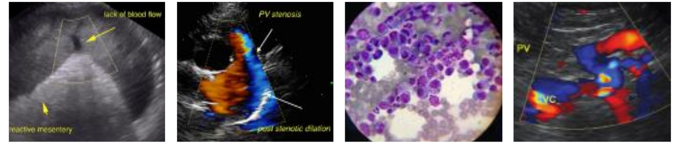
- Overtly normal cardiac structure and function
- Mild eccentric MR
- Subjective tachyarrhythmia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy i.e. left or right heart chamber enlargement or LV systolic dysfunction. The source of the murmur appears to be secondary to compensated mitral valve insufficiency without evidence of left atrium enlargement Indicating that the risk of complications secondary to the MR is low. No Indication for medications used to treat structural cardiomyopathy. No overt evidence of myocarditis or infiltrative neoplasia was noted.

Further assessment of the arrhythmia with ECG +/- Holter Monitor is recommended. Conservative monitoring of the murmur at this stage is recommended with a potential recheck echocardiogram in 6-12 months, sooner if murmur intensity increases or If clinical signs suggestive of heart disease arise.





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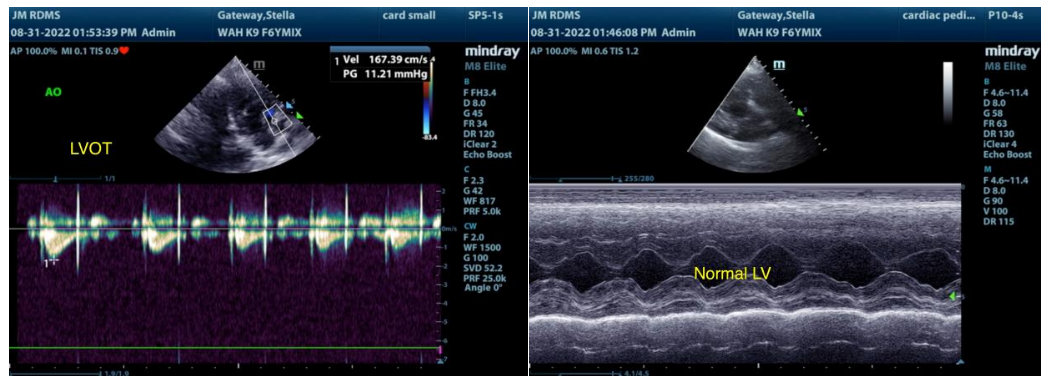

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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