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Clinical Sonography & Telecytology
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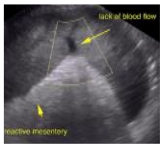
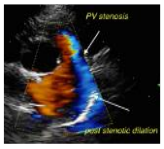
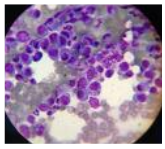
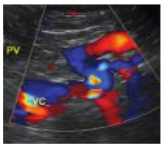

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mickey Knisley

SPECIES

Canine

BREED

Poodle Mix

SEX

NM

AGE

6

WEIGHT

18

INTERPRETED BY

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

IMAGING PERFORMED BY

Tasha

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Jacobs

INVOICE

14503

DATE

8/4/22

PRESENTING CLINICAL SIGNS

Newly acquired murmur (2/6) in January. Now is 5/6 without symptoms.
Abnormal PE/Chem/CBC/UA Results: waiting on results

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					38.7	72.4	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				3.2	3.1	

Cardiac Presentation

The echocardiogram in this patient demonstrated subjective minor increased **left atrial** size. The cranial and caudal **mitral** valve leaflets presented minor subjective vegetative thickening which is suggestive of mild endocardiosis. No evidence of valvular prolapse or chordae tendinea rupture. 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
- Minor subjective increased left atrium volume
- Mildly thickened mitral valve

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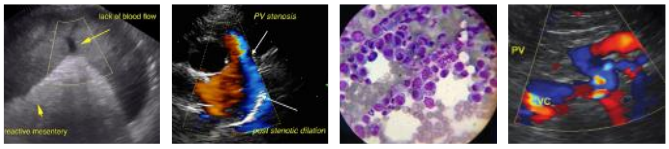

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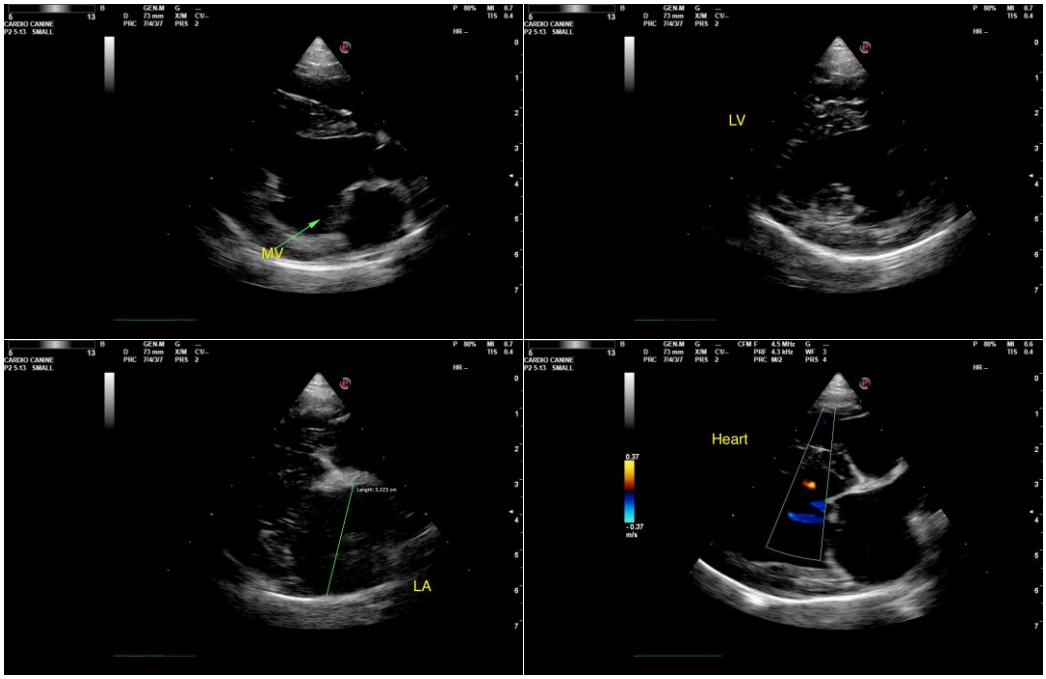
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although a definitive cause of the murmur was not overtly evidence of doppler assessment, cardiac presentation Is most likely indicative of Stage B1 mitral valve disease. Overall, the heart appears stable without evidence of clinical or structural disease, i.e., no evidence of LV Systolic dysfunction, significant chamber enlargement or overt clinical pulmonary hypertension.

In a nonclinical patient with only minor subjective increased LA volume, chamber enlargement, no overt Indication for cardiac medications at this stage. However, prognosis Is highly variable and serial sonographic monitoring is required for further assessment. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs arise.



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