

PATIENT PRESENTING CLINICAL SIGNS

Obie Rehe History: 3/6 murmur on routine exam
Abnormal PE/Chem/CBC/UA Results: ALKP 742, all else wnl

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Pit Bull Mix

SEX

Neutered Male

AGE

4 Years

WEIGHT

95.6 Pounds

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	NA	1.5	NM	1.54	47.5	78.8	0.48
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	144	2.8 Max	1.4	--	3.95	4.82	--

Cardiac Presentation

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Casulli

INVOICE

13031

DATE

9/14/21

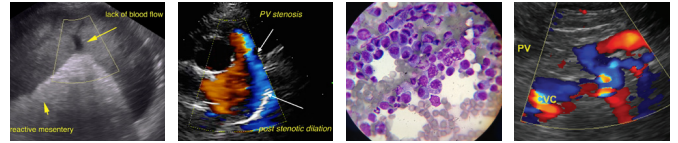
The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The **left ventricle** presented 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 subjective turbulent systolic flow with overall subjective normal structural integrity and aortic valve appearance. 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). 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.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function
- Mildly elevated LV outflow tract velocity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only source of the potential murmur in this patient was associated with the mildly elevated LV outflow tract velocity which may potentially indicated mild subaortic stenosis if the murmur is chronic or previously noted. However, no overt evidence of left heart volume overload or left ventricle



PATIENT

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hypertrophy was present. The possibility of a small shunt such as a membranous or perimembranous VSD not visualized in the study cannot be excluded. No other clinical issues such as systolic dysfunction, clinical pulmonary hypertension, overt evidence of a significant shunt or valvular insufficiency were noted. Given the overall normal cardiac structure and function, risk of future complication is considered low without indications for cardiac medications. Conservative monitoring would be appropriate at this time. If the murmur persists or increases, referral to a local cardiologist may be considered for further assessment given the young age of the patient.

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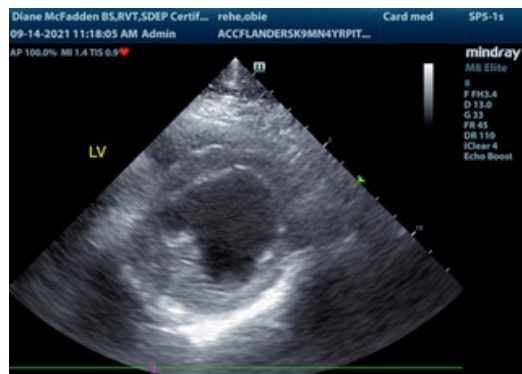
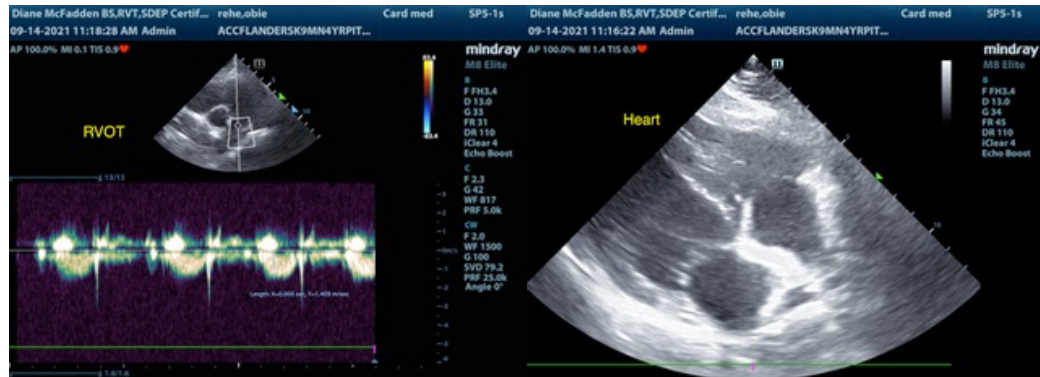
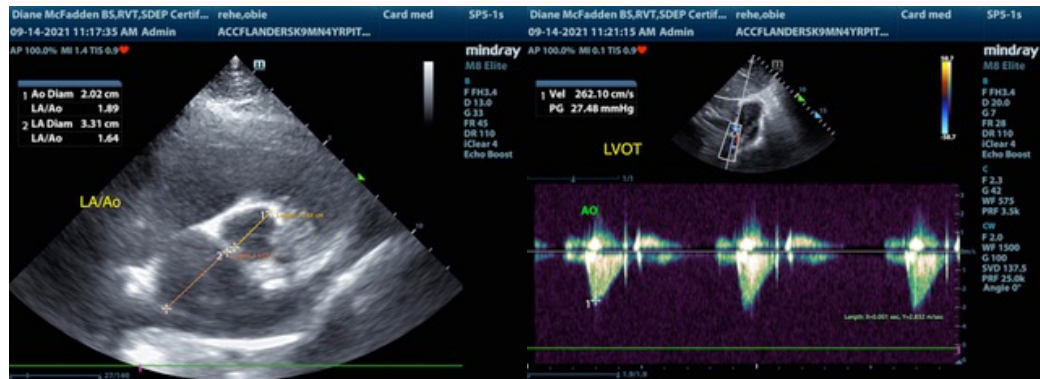
Dr. Casulli

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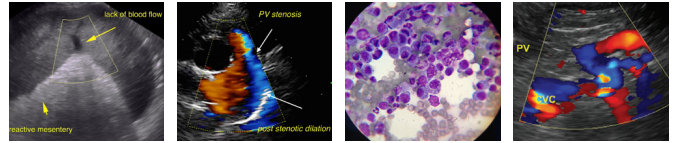
DATE

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



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