



PATIENT

Zero Rubin

SPECIES

Canine

BREED

Labradoodle

SEX

MN

AGE

7 yrs

WEIGHT

95 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Well Pet Animal
Hospital

REFERRING VET

Dr. David Wellington

INVOICE

14905

DATE

9-20-22

PRESENTING CLINICAL SIGNS

Heart murmur - mitral valve region grade 3/6. Diagnosed about 3 years ago, no meds other than preventatives. Radiographs pending

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

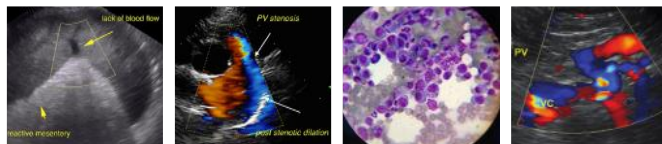
CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT			NM	1.1	38.3	71.9	0.44
CANINE	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
CARDIAC PARAMETERS							
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	100	1.7	1.3		4.3	4.6	

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. Mild eccentric MR was present on doppler. The **left ventricle** presented normal 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. **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

- Normal cardiac structure and function
- Normal LA
- Mild eccentric MR



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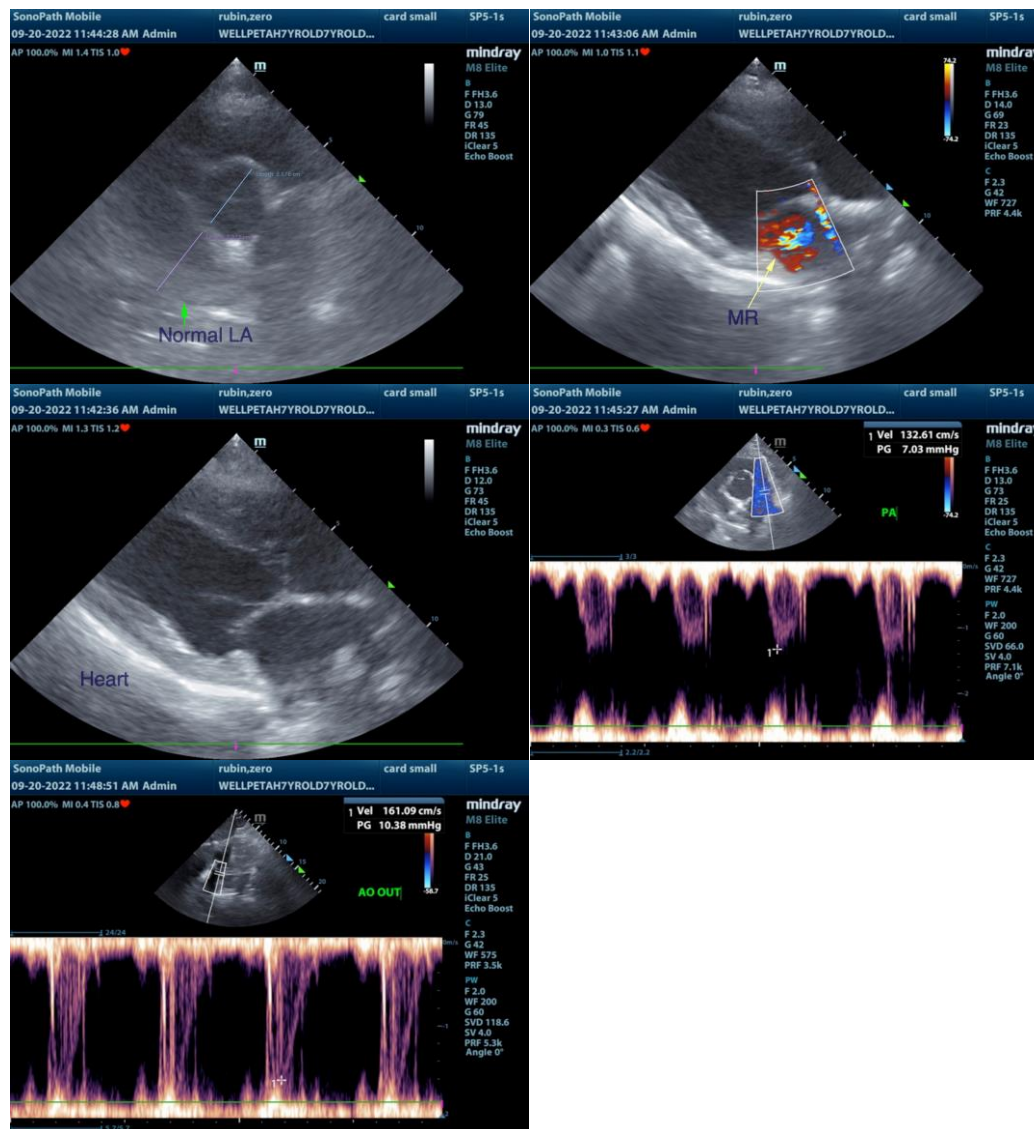
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant structural or functional cardiomyopathy i.e., LV systolic dysfunction or DCM criteria. The cause of the murmur is suspected to be secondary to mild eccentric mitral valve insufficiency, although the mitral valve leaflets appear to be overtly normal in structure and coaptation. No other evidence of valvular stenotic disease, overt valvular insufficiencies, or shunt. The hemodynamic effects of the mitral valve insufficiency appear to be minimal at this stage, given the lack of left atrium or ventricular enlargement.

No indication for cardiac medications, however, sonographic monitoring is suggested for further prognosis. Recheck echocardiogram is recommended in 6-12 months, sooner if murmur intensity increases or if clinical signs arise. Correlation with pending radiographs is suggested.





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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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