



PATIENT

Fergus MacDonald

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Neutered Male

AGE

12 Years

WEIGHT

9.7 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Judy McFarlen

HOSPITAL NAME

Van Isle Vet Hospital

REFERRING VET

Dr. Alex Muzzin

INVOICE

21998

DATE

4/14/23

PRESENTING CLINICAL SIGNS

New Heart Murmur (grade 2/6). His prior examination in Fall 2022 did not reveal a heart murmur, so this is new. He has been coughing (gagging) occasionally for the past couple of months. No change in appetite or energy levels.

Abnormal PE/Chem/CBC/UA Results: Previously diagnosed with Cushings Disease. Managed well on Trilostane BID (1.5 mg in am, and 7.5 mg in pm), and ursodiol for liver support. Diet RC Low Fat. Good appetite. Pre-medication given: 200 mg gabapentin and 50 mg trazadone night before and morning of ultrasound. Radiography VHS 11. no pleural effusion. Slight dorsal deviation of trachea. CBC normal. Mild ALP elevation. PRO-BNP wnl. ECG- L axis deviation

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	<1.6	28-40	40-100	<0.6
PATIENT	5.40	--	1.15	1.7	36	67	0.14
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	--	1.60	.70	--	3.16	3.23	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Moderate filling of the left atrium was noted. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated moderate 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. Minor prolapse of the tricuspid leaflet was noted. Mild to moderate tricuspid insufficiency was noted. 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



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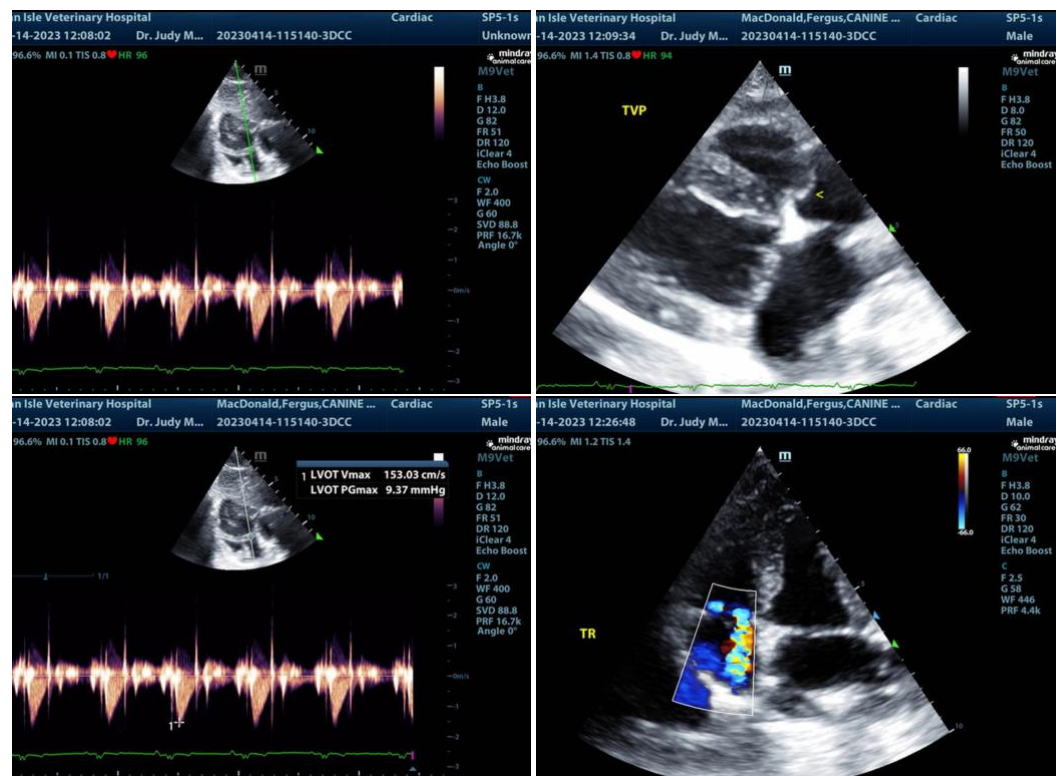
echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Stage B-1 valvular disease
- Mitral and tricuspid insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflor maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target white coat negative systolic pressure of < 160 mmHg. If higher than this ACE-inhibitor is suggested to reach this level. Recheck echocardiogram is recommended in 6 months, earlier if murmur grade increases or clinical signs initiate.





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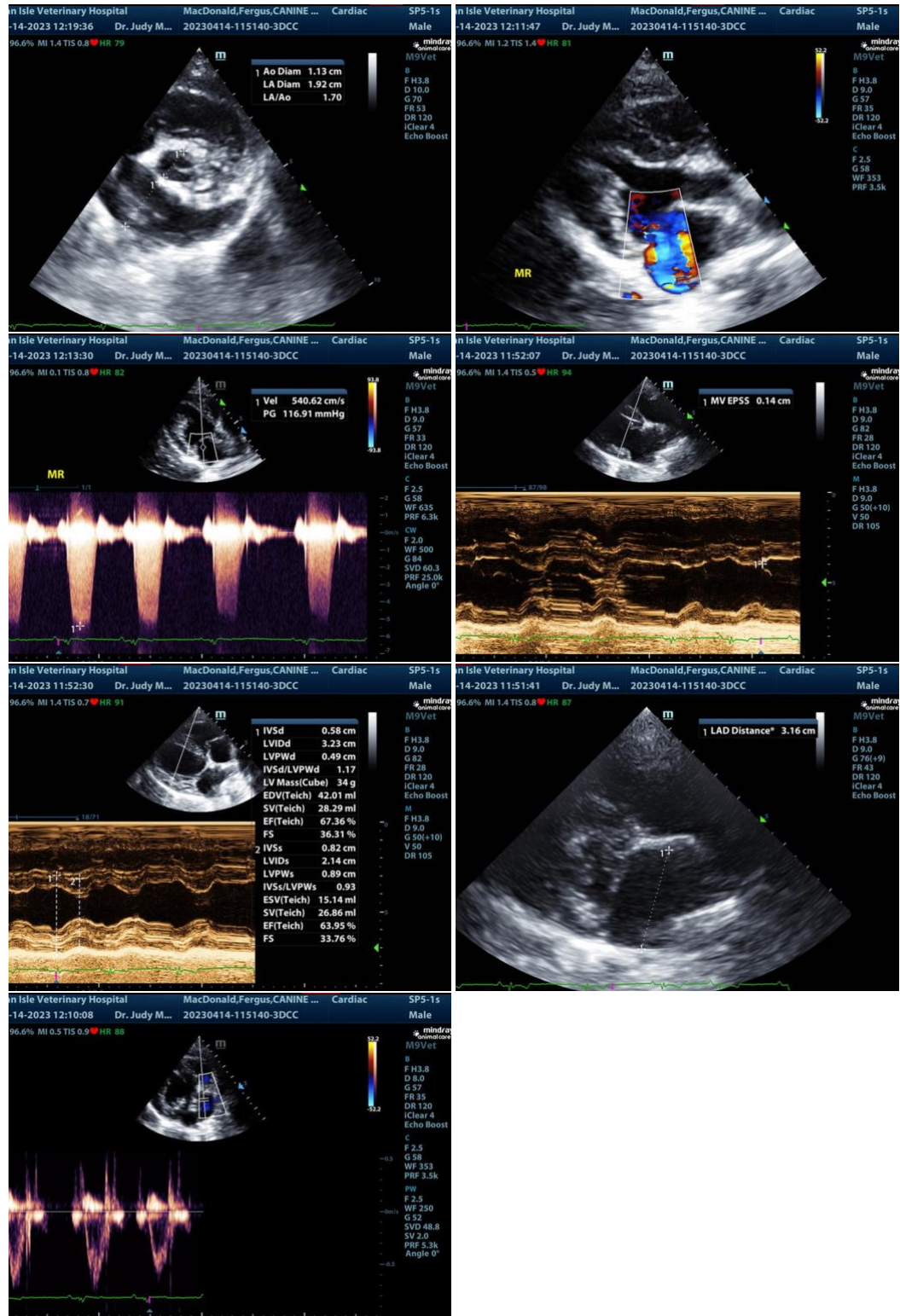
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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