


PATIENT PRESENTING CLINICAL SIGNS

Jada Brookes suspected CHF, presented for laboured breathing and coughing, new murmur heard gr 3 systolic, left side PMI, grain free diet currently on furosemide 10mg SID responded well with treatment but has had reduced appetite since

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: BW WNL except mild elevation of Amyl, 4DX neg

BREED

Whippet

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
SEX

FS

AGE

9 years

WEIGHT

16 kg

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	4.8	2.9	--	2.1	44	77.5	0.45
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	BELOW	BELOW	BELOW	BELOW
PATIENT	NM	1.6	1.2		5.0	4.9	

INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

**IMAGING
 PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Nw Hamburg VC

REFERRING VET

Dr. Van Hausen

INVOICE

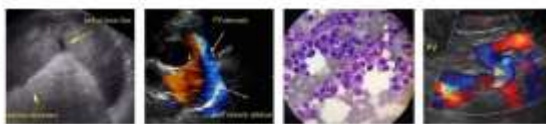
13004

DATE

1/10/22

Urinary System

The echocardiogram in this patient demonstrated moderately enlarged **left atrial** size based on 3 different LA measurement methods. Mid deviation of the interatrial septum towards the right atrium, consistent with elevated left atrial pressure, was present. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable eccentric insufficiency. The **left ventricle** presented thicknesses with linear contour with increased left ventricle volume. 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 concurrent mild thickening with insufficiency on color doppler assessment. 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



PATIENT

Jada Brookes

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

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Canine

Primary Findings

- Chronic mitral valve disease (ACVIM Advanced B2-C)

BREED

Whippet

- TR - estimated pulmonary pressure gradient (approximately 35 mmHg) suggestive of elevated pulmonary pressure yet not consistent with clinical pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

FS

The cardiac presentation is most consistent with chronic degenerative valvular changes with secondary eccentric mitral valve Insufficiency and evidence of left heart volume overload. The normal fractional shortening was not overtly consistent with DCM-like criteria, which has been associated with grain-free of boutique diets. However, switching to a traditional diet and/or taurine levels may be considered.

AGE

9 years

The presence of left heart volume overload Indicates that the current and risk going forward is elevated. Pimobendan 0.3 mg/kg PO BID, lowest effective dose of diuretic i.e., Lasix 1-2.0 mg/kg PO BID +/- ACE inhibitor medication if systolic blood pressure is <130 are warranted. Serial sonographic monitoring is advised for further prognosis.

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Recheck echocardiogram is suggested in 6 months, sooner if continued clinical signs of CHV are noted. Monitoring of renal parameters and blood pressure is suggested. Anesthetic risk is considered significantly elevated in this patient.

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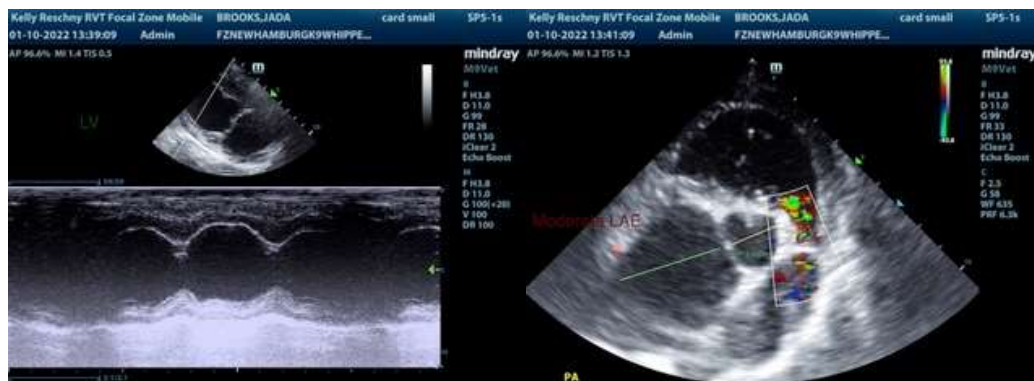
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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