

PATIENT PRESENTING CLINICAL SIGNS

Mya Vickery History: gr 2 systolic murmur, PMI left apex, anesthetic planned for benign mass removal.
Abnormal PE/Chem/CBC/UA Results: BW-WNL

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Great Dane

SEX

Spayed Female

AGE

7 Years

WEIGHT

57 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	5.2	1.4	NM	1.34	33.2	63	0.41
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	126	1.6	1.3	--	4.9	6.1	--

INTERPRETED BY Cardiac Presentation

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

New Hamburg VC

REFERRING VET

Dr. Schroeder

INVOICE

13366

DATE

1/10/22

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were essentially normal. The cranial and caudal **mitral** valve leaflets presented subjective subtle vegetative thickening which may suggest endocardiosis. No evidence of valvular prolapse or chordae Tendineae rupture. Doppler indicated measurable eccentric insufficiency. The **left ventricle** presented thicknesses with linear contour with subtle evidence of left ventricle volume yet no overt evidence of DCM criteria. 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 breed as evidenced by the fractional shortening measurement. 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 **tricuspid** valve insufficiency velocity 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 noted. No echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum and pericardial regions** were free of masses in the visible window. No evidence of arrhythmic disease.

ULTRASONOGRAPHIC FINDINGS

- Eccentric mitral valve insufficiency



PATIENT

- Minor TR

Mya Vickery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

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The cause of the murmur is secondary to mitral valve insufficiency. The subtle vegetative changes associated with the mitral valve may suggest early mitral valve endocardiosis. No other clinical issues, such as systolic dysfunction, DCM-like criteria or evidence of clinical pulmonary hypertension were present. Given the lack of significant cardiac changes with adequate systolic function, cardiac medications are not specifically indicated at this time. However, prognosis at this stage may be considered highly variable. No overt anesthetic contraindications, although this patient may be more prone to fluid overload under anesthesia. Recheck echocardiogram suggested in 4-6 months or sooner if clinical signs suggestive of heart disease develop.

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Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.

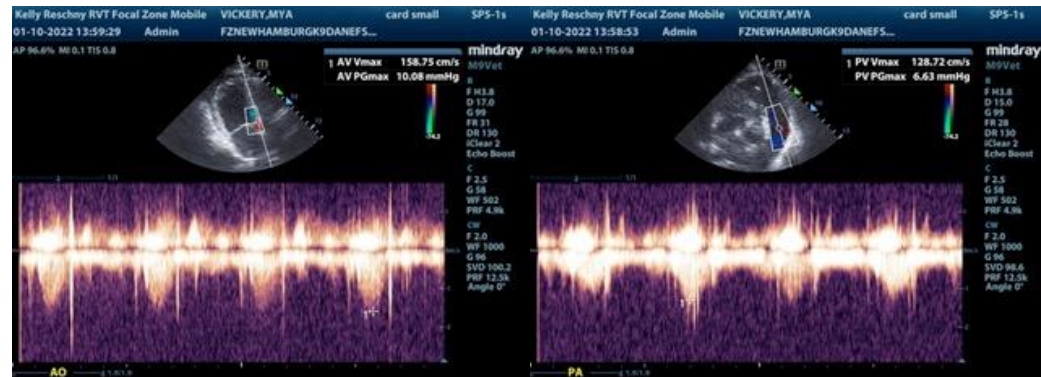
AGE

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<https://www.antechdiagnostics.com/cadet-braf>

WEIGHT

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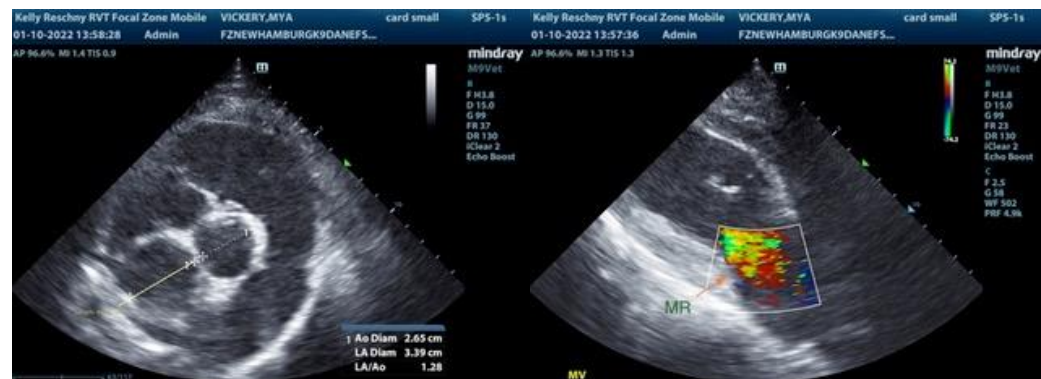
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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