



## PATIENT

Tina Milne

## SPECIES

Canine

## BREED

Dachshund

## SEX

FS

## AGE

17 years 9 months

## WEIGHT

5.556 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Brian Barnes

## HOSPITAL NAME

Westview VH

## REFERRING VET

Dr. Brian Barnes

## INVOICE

13376

## DATE

1/10/22

## PRESENTING CLINICAL SIGNS

History of DMVD and is on Vetmedin 1.25 mg BID. Trace TR Last Echo 11/27/2019  
Abnormal PE/Chem/CBC/UA Results: Grade 3/6 AV holosystolic murmur. PMI left hemithorax. Geriatric and needs dental.

## 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	4.1	<1.0	1.7	1.4	54.1	86.4	0.15
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	1.3	1.0	--	2.8	2.74	--

## Cardiac Presentation

The echocardiogram for this patient presented minor excessive **left atrial size** expressed both in the LA/AO and LA max measurements Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable eccentric mitral valve 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. **Tricuspid** exhibited concurrent minor degenerative changes with minor 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 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

- Chronic mitral valve disease (ACVIM B-1 to mild B-2)



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- Minor TR- estimated pulmonary pressure gradient not consistent with clinical pulmonary hypertension

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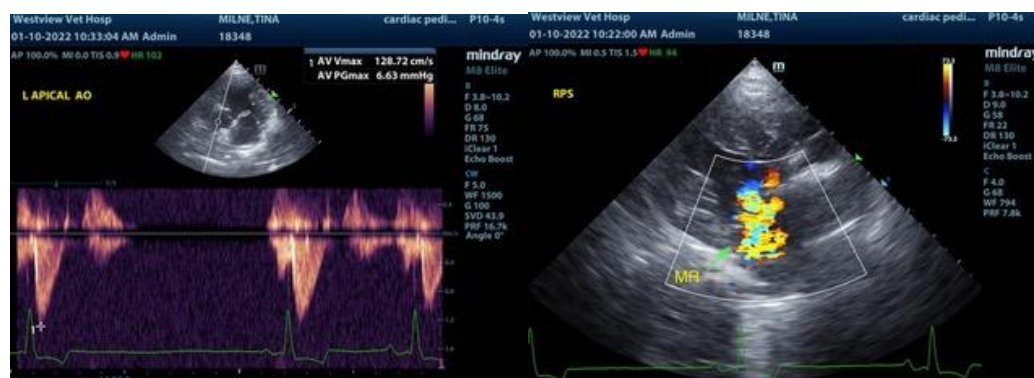
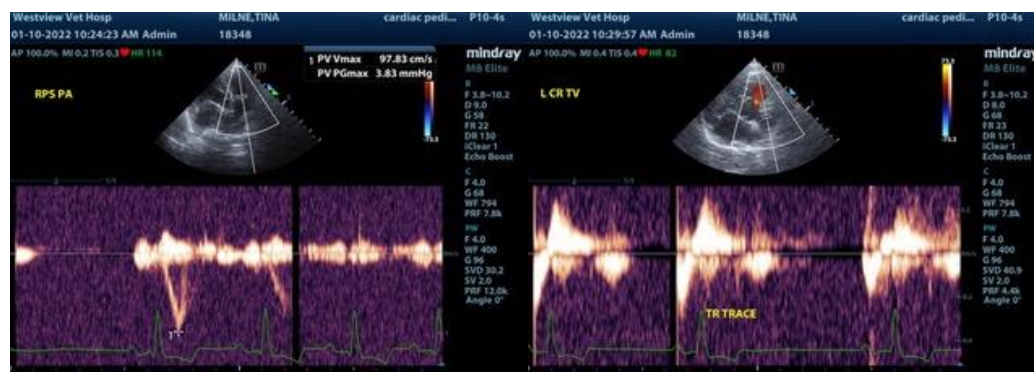
1/10/22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The lack of significant left atrial enlargement indicates that the current and future risk going forward remains low. In a nonclinical patient, without evidence of significant chamber enlargement, cardiac medications are not specifically indicated, yet Pimobendan may potentially prolong cardiac changes associated with mitral valve insufficiency. No other indication for additional cardiac medications. No other clinical issues such as systolic dysfunction were present. Given the overall normal cardiac functionality and lack of significant left atrium enlargement, no anesthetic contraindications. This patient may be at some degree of increased risk for fluid overload under anesthesia. Recheck echocardiogram suggested in 6 months or sooner if clinical signs consistent with heart disease develop.

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.

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





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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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