IMAGING PERFORMED BY

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

PATIENT

Taz Treur

SPECIES

Canine

BREED

Dachshund

SEX

NM

AGE

11 years

WEIGHT

17 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Elliott

INVOICE

13039

DATE

1/11/22

PRESENTING CLINICAL SIGNS

Recent ECG showed sinus pauses, sinus arrest and ventricular escape beats diabetic and on insulin BID.
Abnormal PE/Chem/CBC/UA Results: Heart murmur grade 1-2/6, Cataracts OU, Periodontal dz grade 4

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	6.0	2.0	--	1.52	56	90.6	0.2
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	149	1.9	1.0		2.8	2.5	

Cardiac Presentation

The echocardiogram in this patient demonstrated minor enlarged **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable mild to moderate eccentric 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** valvular assessment demonstrated concurrent mild vegetative 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. Potential sinus arrhythmia present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Chronic mitral valve disease (ACVIM B1 - early B2)
- Mild TR - estimated pulmonary pressure gradient (<20 mmHg) not consistent with clinical pulmonary hypertension

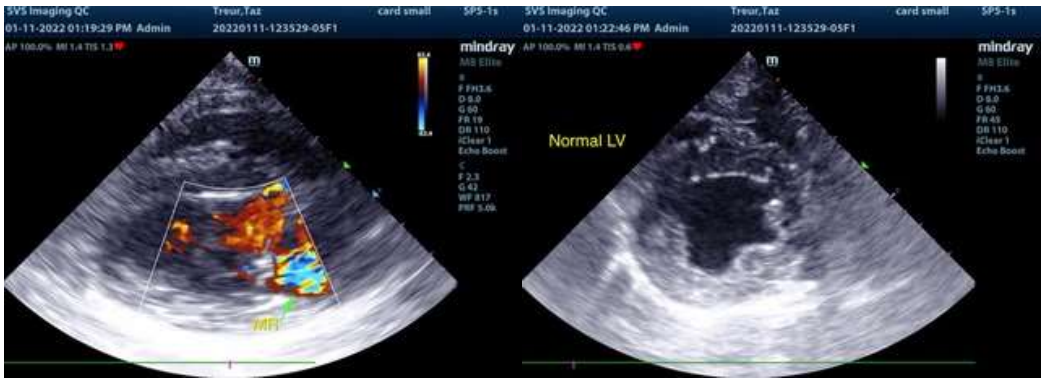
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is secondary to chronic degenerative valvular changes with secondary mild to moderate eccentric mitral valve insufficiency. No other clinical issues such as systolic dysfunction or evidence of clinical pulmonary hypertension were noted.

The lack of significant left atrium enlargement or left ventricle enlargement indicates that the risk secondary to mitral valve insufficiency at this time is relatively low. However, the prognosis at this stage may be highly variable.

In a nonclinical patient without evidence of significant left heart changes, cardiac medications for mitral valve insufficiency are not specifically indicated. Conservative monitoring of the murmur at this point would be appropriate. Blood pressure assessment is recommended, given the borderline elevated MR velocity.

From a cardiac structural / functional perspective, no overt anesthetic contraindications. However, given the ECG abnormalities in this patient, consultation with either a cardiologist or anesthesiologist Is recommended prior to any potential anesthesia. Recheck echocardiogram Is suggested In 6 months, sooner if clinical signs suggestive of left-sided cardiac disease develop.



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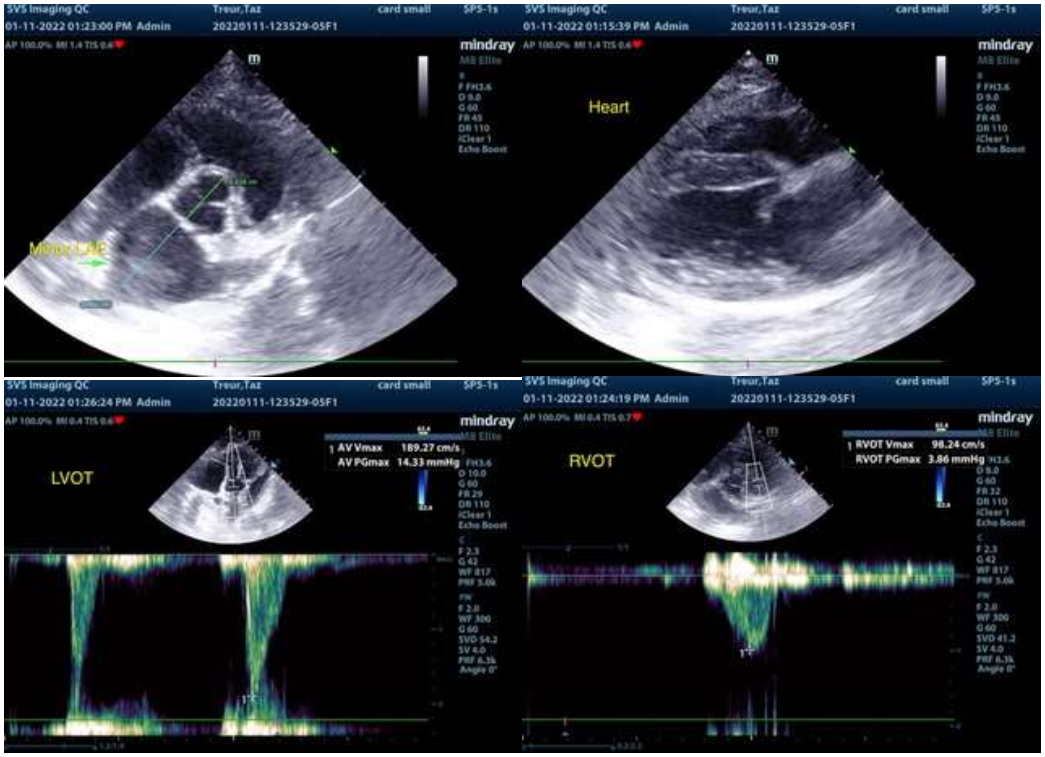

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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