



PATIENT

Twinkie Bakeris

SPECIES

Canine

BREED

Chihuahua

SEX

SF

AGE

8 years

WEIGHT

10 lbs.

PRESENTING CLINICAL SIGNS

not acting right, lethargic, decreased appetite
Abnormal PE/Chem/CBC/UA Results: 4/6 systolic heart murmur, dehydrated

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	6.0	2.4	--	1.44	47.2	80.9	0.18
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)	(kg)	2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	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	171	1.2	1.15		2.5	2.24	

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Narske

INVOICE

13038

DATE

1/11/22

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 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 adequate linear morphology. 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.



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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Chronic mitral valve disease (Early ACVIM B2)
- Minor TR - estimated pulmonary pressure gradient (23 mmHg) not consistent with clinical pulmonary hypertension
- Minor LA enlargement

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is secondary to chronic degenerative valvular changes and secondary eccentric mitral valve insufficiency. The lack of significant left atrium enlargement or left ventricle enlargement indicates that the current risk for potential complication is low. However, the prognosis at this stage is highly variable. No other clinical issues such as systolic dysfunction or evidence of clinical pulmonary hypertension were present. Given these findings, no indication for cardiac medications. Likewise, clinical signs associated with cardiac disease are not anticipated.

Screening blood pressure is suggested, given the mildly elevated MR velocity. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs suggestive of heart disease (exercise intolerance, syncope, elevated resting respiration rate, etc.), are noted.

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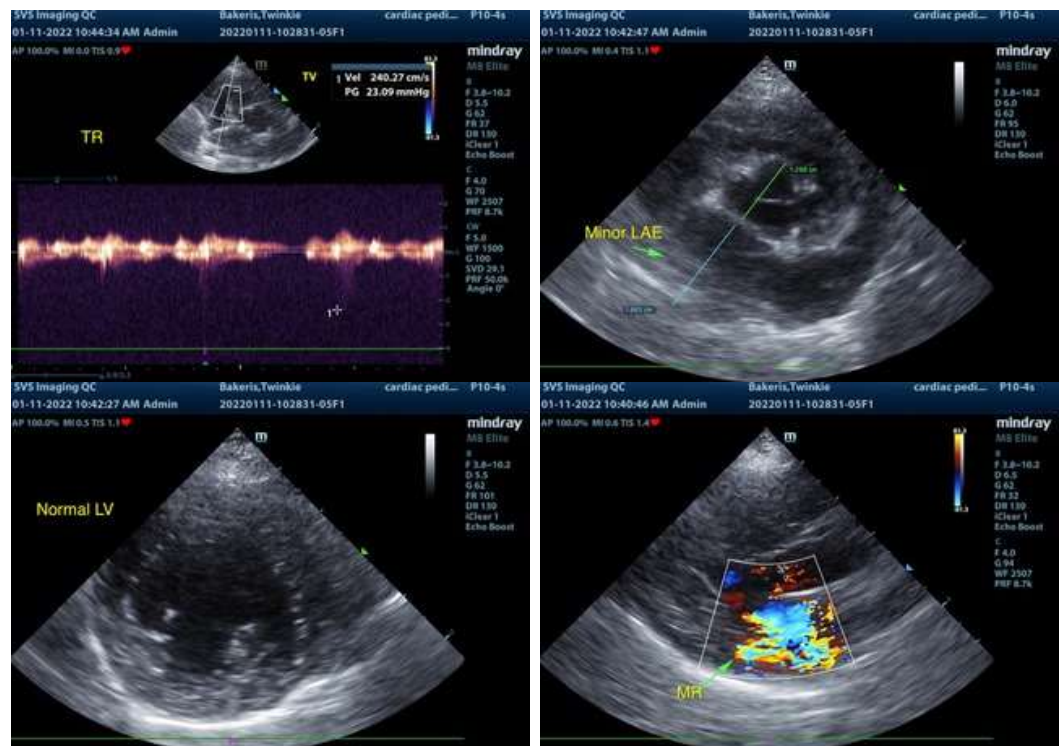
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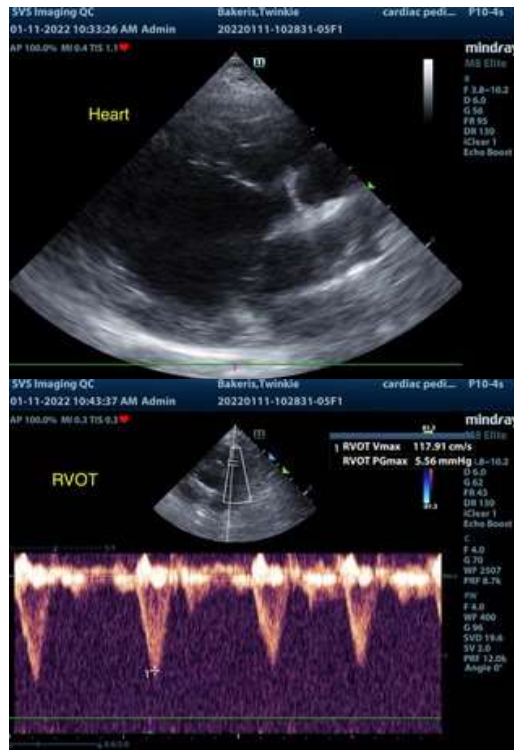
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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