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Clinical Sonography & Telecytology
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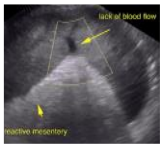
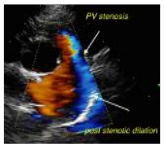
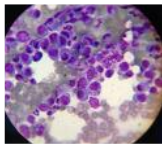
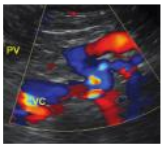

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1-800-838-4268 info@sonopath.com

PATIENT

Jersey Roo Boyer

SPECIES

Canine

BREED

Hound Mix

SEX

FS

AGE

11 years

WEIGHT

51.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Sova AH

REFERRING VET

Dr. Ammeraal

INVOICE

15890

DATE

1/20/23

PRESENTING CLINICAL SIGNS

Grade 3-4/6 heart murmur auscultated at routine PE; asymptomatic.

Current meds: Sentinel and Bravecto.

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	<1.3	28-40	40-100	<0.6
PATIENT				1.45	32	64	0.4
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				
PATIENT	103	1.5	0.9		4.0	3.5	

Cardiac Presentation

The echocardiogram in this patient demonstrated minor enlarged **left atrial** size based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented mild thickening consistent with mild endocardiosis. No evidence of valvular prolapse was noted. Doppler indicated measurable 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 adequate linear morphology. Minor TR was present on doppler. No evidence of clinical pulmonary hypertension was noted. 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 arrhythmia was noted.

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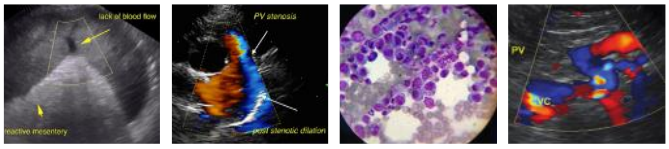

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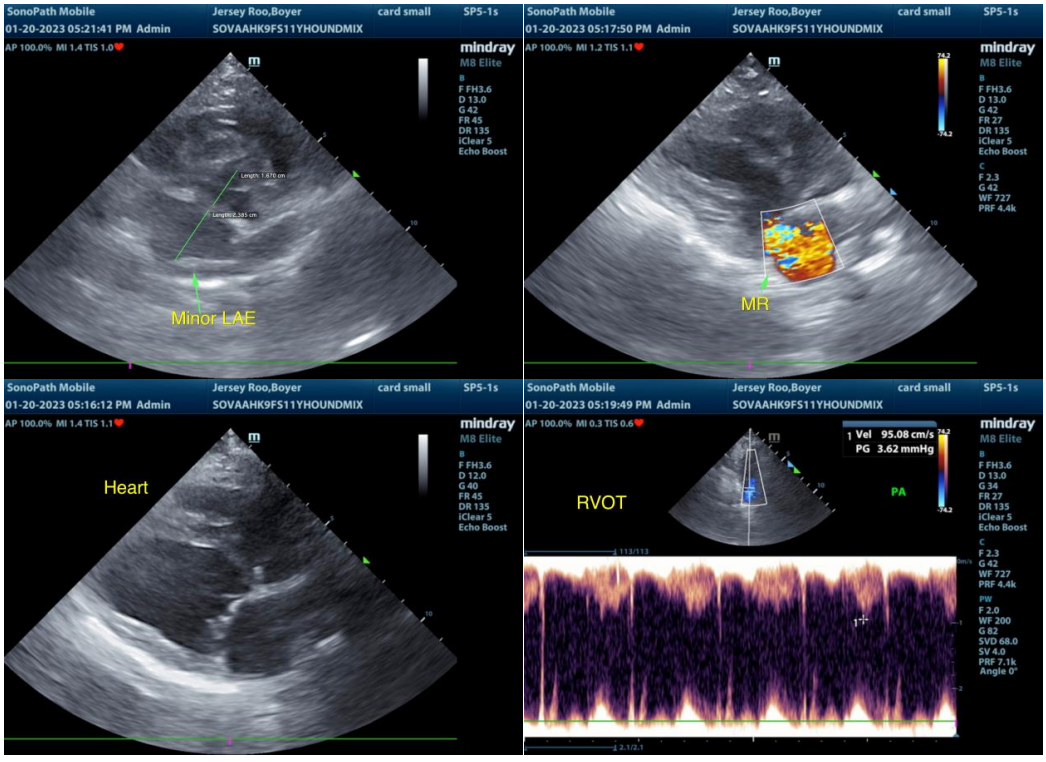
ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM early B2)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is secondary to mild chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. No evidence of DCM criteria or clinical pulmonary hypertension. The minor LA enlargement indicates that the heart is overall stable, yet may suggest mild increased risk of current and future complications going forward.

In a nonclinical patient without evidence of overt or significant chamber enlargement, cardiac medications are not obviously indicated. However, prognosis Is highly variable given this presentation and serial sonographic monitoring is recommended. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs arise.



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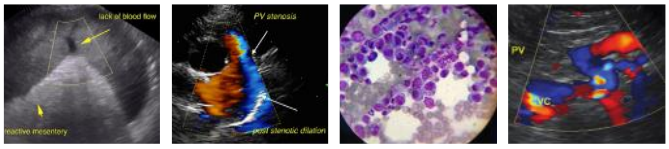

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com