


PATIENT PRESENTING CLINICAL SIGNS

Chester Cahill Would like to pursue a dental cleaning but has a grade 2/6 heart murmur. Would like to assess for anesthetic risk. No current meds.
 Abnormal PE/Chem/CBC/UA Results: n/a

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
BREED

Poodle x Cavalier

SEX

MN

AGE

8 Years

WEIGHT

25.4 lbs

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	5.8	2.2	NM	1.2	42.3	74.6	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	167	1.8	1.25		2.6	2.6	

INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

**IMAGING
 PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Beamsville AH

REFERRING VET

Song

INVOICE

49714

DATE

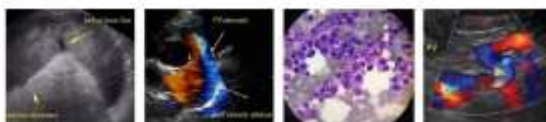
1-21-22

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **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 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. Mild TR present 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 b1)
- Mild TR - estimated pulmonary pressure gradient not consistent with clinical pulmonary hypertension.


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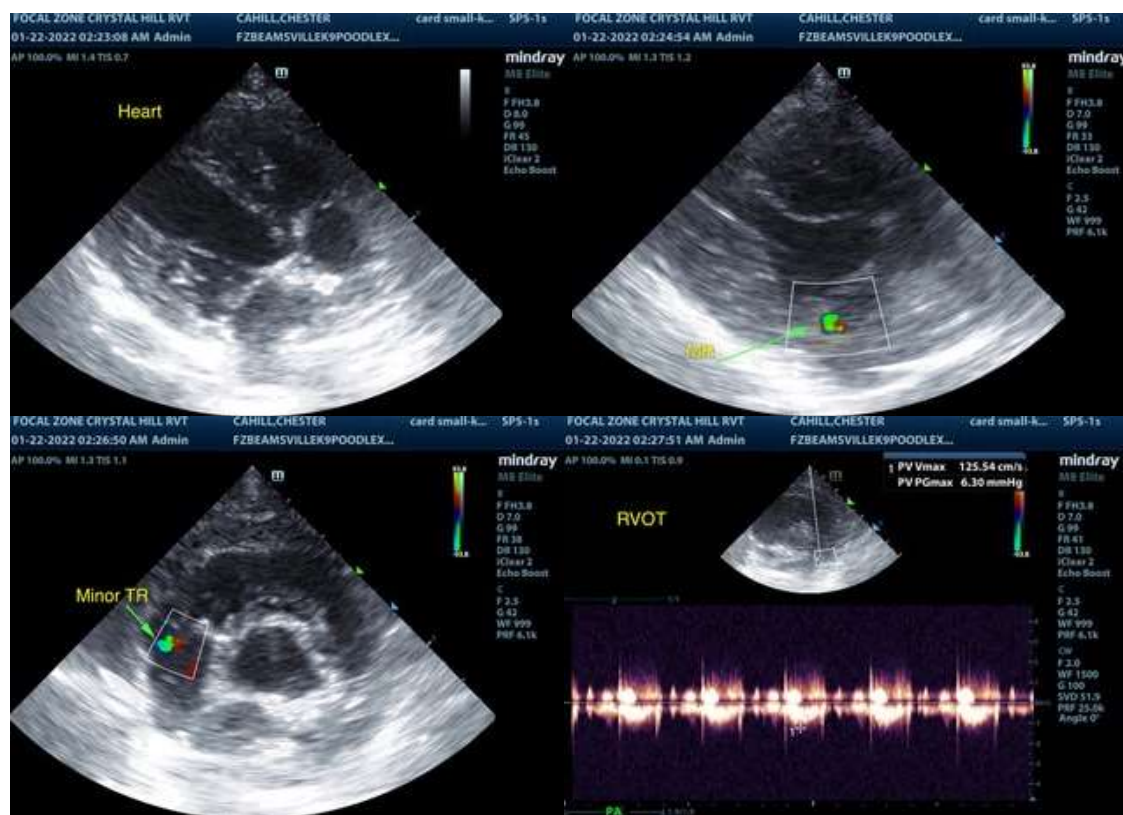
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

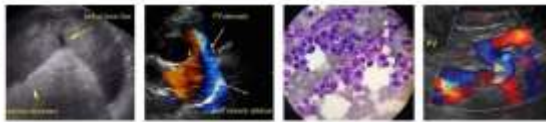
A cause of the murmur is most consistent with chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The lack of left atrium enlargement indicates that the risk of complication is low. In a nonclinical patient without evidence of chamber enlargement, specific cardiac medications are not indicated. Conservative monitoring at this stage would be appropriate. No anesthetic contraindications.

Recheck echocardiogram suggested in 6-12 months, sooner if clinical signs consistent with heart disease arise.

The following anesthetic protocol is suggested:

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.





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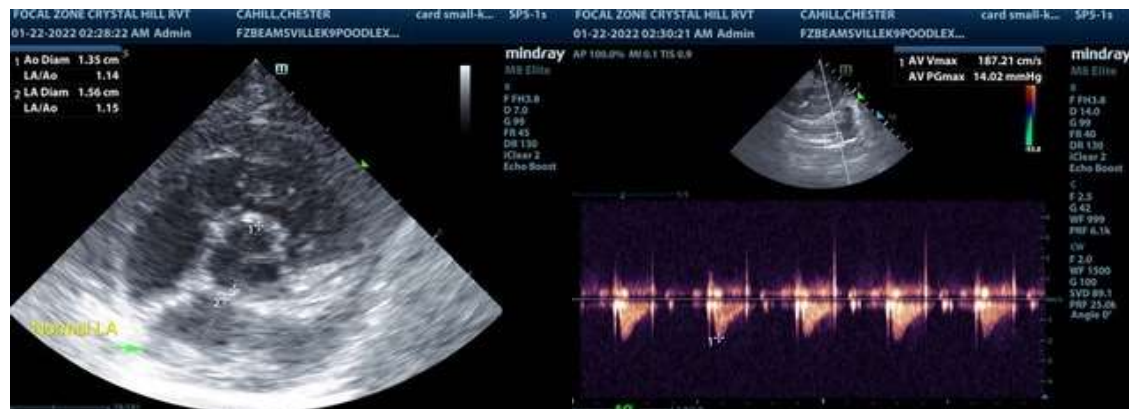
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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