

**PATIENT PRESENTING CLINICAL SIGNS**

Foxy Decker History: 3/6 murmur  
Medication: Lasix 6.25 BID

**SPECIES**  
Canine Coughing

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**BREED**

Chinese Crested Mix

**SEX**

FS

**AGE**

5 years

**WEIGHT**

14.4 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

New Britain VC

**REFERRING VET**

Dr. Bandekar

**INVOICE**

49732

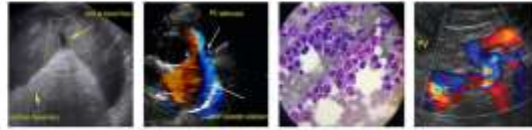
**DATE**

1.21.2022

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
<b>CARDIAC PARAMETERS</b>	<b>VMAX</b> (m/s)	<b>VMAX</b> (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>	5.8	1.5	NM	1.42	52.2	87.2	0.1
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
<b>CARDIAC PARAMETERS</b>	(BPM)	<b>VMAX</b> (m/s)	<b>MAX</b> (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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
<b>PATIENT</b>	141	1.5	1.1		2.45	2.45	

**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 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 present on Color Doppler. 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



**PATIENT**      **ULTRASONOGRAPHIC FINDINGS**

Foxy Decker

- Chronic mitral valve disease (ACVIM b1)
- Minor TR - estimated pulmonary pressure gradient not consistent with clinical pulmonary hypertension.

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of the murmur is chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The hemodynamic effects of the mitral valve insufficiency appear to be mild without evidence of left atrium enlargement. The lack of left atrium enlargement indicates that the risk of complication is low at this stage. No other clinical issues such as systolic dysfunction or evidence of clinical pulmonary hypertension were present.

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Given the cardiac presentation, a noncardiogenic cough is likely. Consider potential for primary upper or lower airway disease.

FS

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Without evidence of left heart chamber enlargement secondary to mitral valve insufficiency, specific cardiac medications are not overly indicated. Conservative monitoring of the murmur at this stage would be appropriate with echocardiographic monitoring required for further prognosis.

5 years

Recheck echocardiogram suggested in 6 months, sooner if clinical signs suggestive of left heart disease arise.

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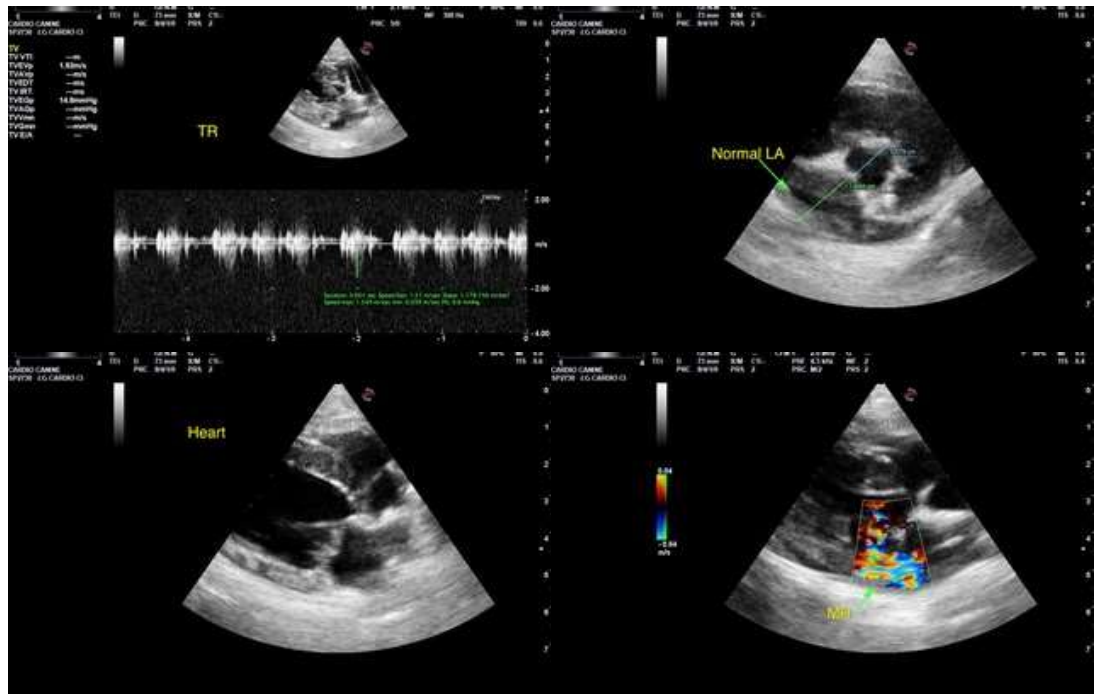
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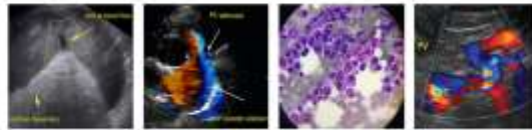


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**PATIENT**

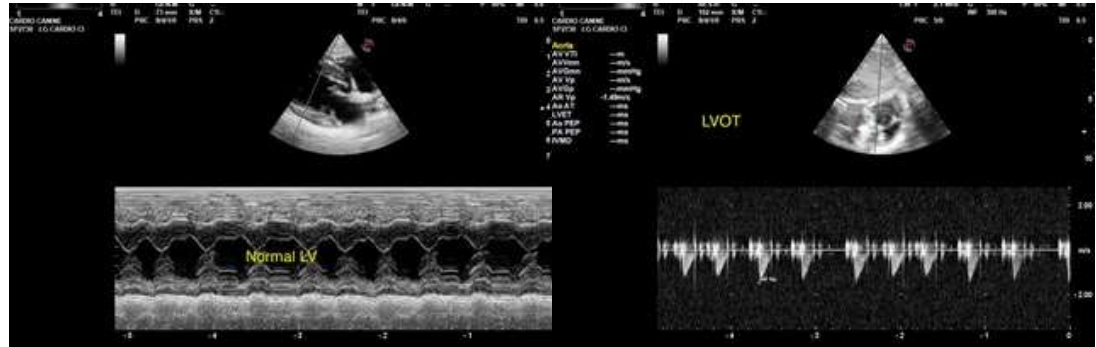
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**AGE**

5 years

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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