



PATIENT PRESENTING CLINICAL SIGNS

Phineas Prager History: grade 2 murmur, systolic currently on ketoconazole
Abnormal PE/Chem/CBC/UA Results: ALt 125 (18-121) all else WNL

SPECIES

Canine

BREED

Chi X Dachshund

SEX

Neutered Male

AGE

8 Years

WEIGHT

6.5 kg

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	--	--	NM	1.47	46.5	80.4	0.33
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	119	1.8	1.35	--	2.2	2.1	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr. Webster

INVOICE

13600

DATE

1/24/22

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 mild vegetative thickening consistent with mild endocardiosis. Doppler indicated measurable mild centralized to 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 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.

ULTRASONOGRAPHIC FINDINGS

- Mild MR



PATIENT

- Normal LA
- Minor TR

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is most consistent with mild degenerative valvular changes with secondary mild centralized to eccentric mitral valve insufficiency. Mild TV insufficiency was also present, yet not considered clinically significant (i.e., no evidence of clinical pulmonary hypertension). The hemodynamic effects of the MR are low at this stage given the lack of LA or LV enlargement. The risk of potential complications secondary to MV insufficiency is considered low. In a nonclinical patient, without evidence of chamber enlargement, cardiac medications are not specifically indicated. Continued monitoring of the murmur at this stage would be appropriate. Recheck echocardiogram suggested in 6-12 months or sooner if clinical signs consistent with heart disease arise.



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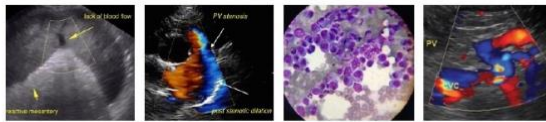
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PATIENT

Phineas Prager

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.

SPECIES

Canine

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.

BREED

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info@SonoPath.com

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