



PATIENT

Dizzy Gotfredson

SPECIES

Canine

BREED

Terrier X

SEX

F/S

AGE

12 years

WEIGHT

15

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Gotfredson

HOSPITAL NAME

Buffalo VC

REFERRING VET

Garry Gotfredson

INVOICE

15916

DATE

1/24/23

PRESENTING CLINICAL SIGNS

Echo done May 2022, patient has sense developed a grade 3 heart murmur and nasal congestion. Radiographs show enlarged cardiac shadow. Subtle possible pulmonary edema.

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	<1.3	28-40	40-100	<0.6
PATIENT				1.7	46.2	81	0.24
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				
PATIENT	NM		1.0		3.0	2.6	

Cardiac Presentation

The echocardiogram in this patient demonstrated mild to emerging moderate enlarged **left atrial** size based on 3 different LA measurement methods. Subtle deviation of the interatrial septum towards the right atrium, suggestive of minor increased left atrial pressure, was present. The cranial and caudal **mitral** valve leaflets presented mild thickening consistent with mild endocardiosis with subtle septal leaflet prolapse. Doppler indicated mild to moderate eccentric insufficiency. The **left ventricle** presented normal 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. 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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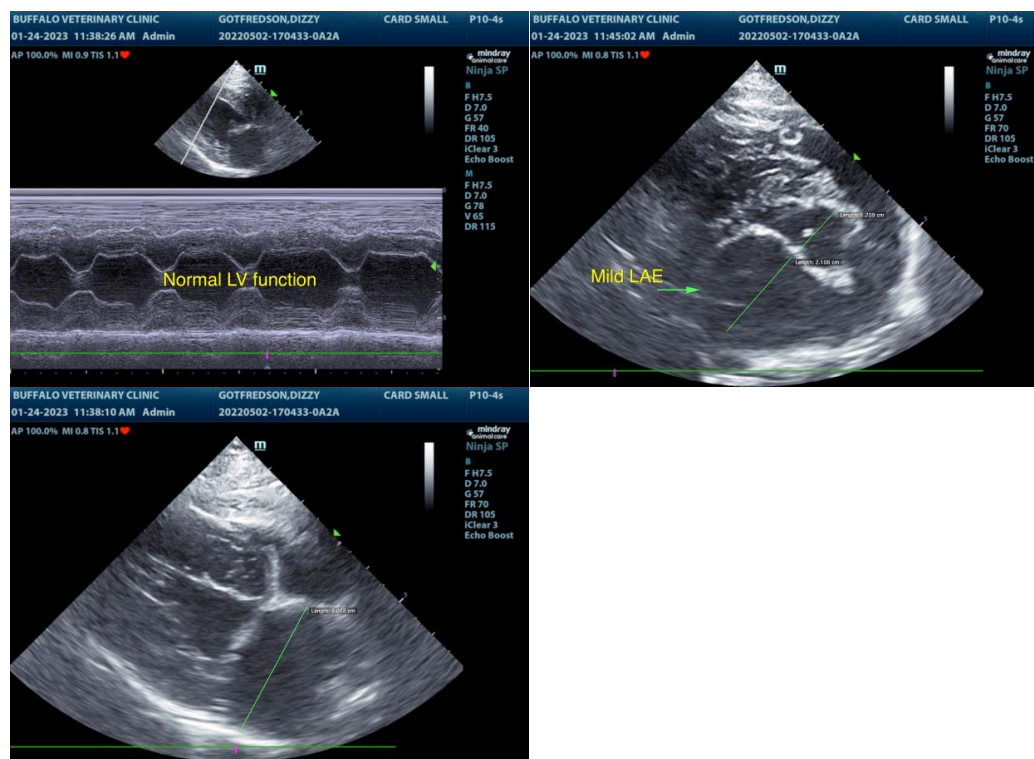
ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B2)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiogram revealed mild progressive LA enlargement compared to the previous study. The degree of left atrial enlargement was not significant, yet indicates that the current and future risk secondary to MR is mild to moderately elevated. No other clinical issues such as LV systolic dysfunction or evidence of clinical pulmonary hypertension. Subjectively, the degree of LA enlargement was not consistent with cardiogenic pulmonary edema.

Pimobendan 0.3 mg/kg PO BID is recommended as this medication may help prolong cardiac changes associated with MR. Concurrent low-dose diuretic therapy would only be suggested if strong clinical concern for pulmonary edema. Baseline monitoring of resting respiration rate going forward is suggested. Prognosis remains variable and sonographic monitoring is suggested. Recheck echocardiogram is recommended in 6 months, sooner if progressive clinical signs are noted.



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