



PATIENT

Harry Fleming

SPECIES

Canine

BREED

Canine

SEX

Bichon Frise

AGE

14

WEIGHT

20 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Animal Care Centers
of Flanders

REFERRING VET

Dr. Hallihan

INVOICE

15909

DATE

1/24/23

PRESENTING CLINICAL SIGNS

mitral valve disease, mirmur ACVIM mild B2. Had trazadone this morning pre-echo; is on vetmedin 2.5mg x 1 bid

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	5.2	<2.0		1.4	54	86.2	0.2
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	100	1.0	1.0		3.1	3.0	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal to mildly enlarged **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were essentially normal exhibiting normal echogenicity. The cranial and caudal **mitral** valve leaflets presented mild to moderate thickening consistent with endocardiosis. 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. Mild TR was present on Color Doppler without 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. No evidence of arrhythmia was noted.



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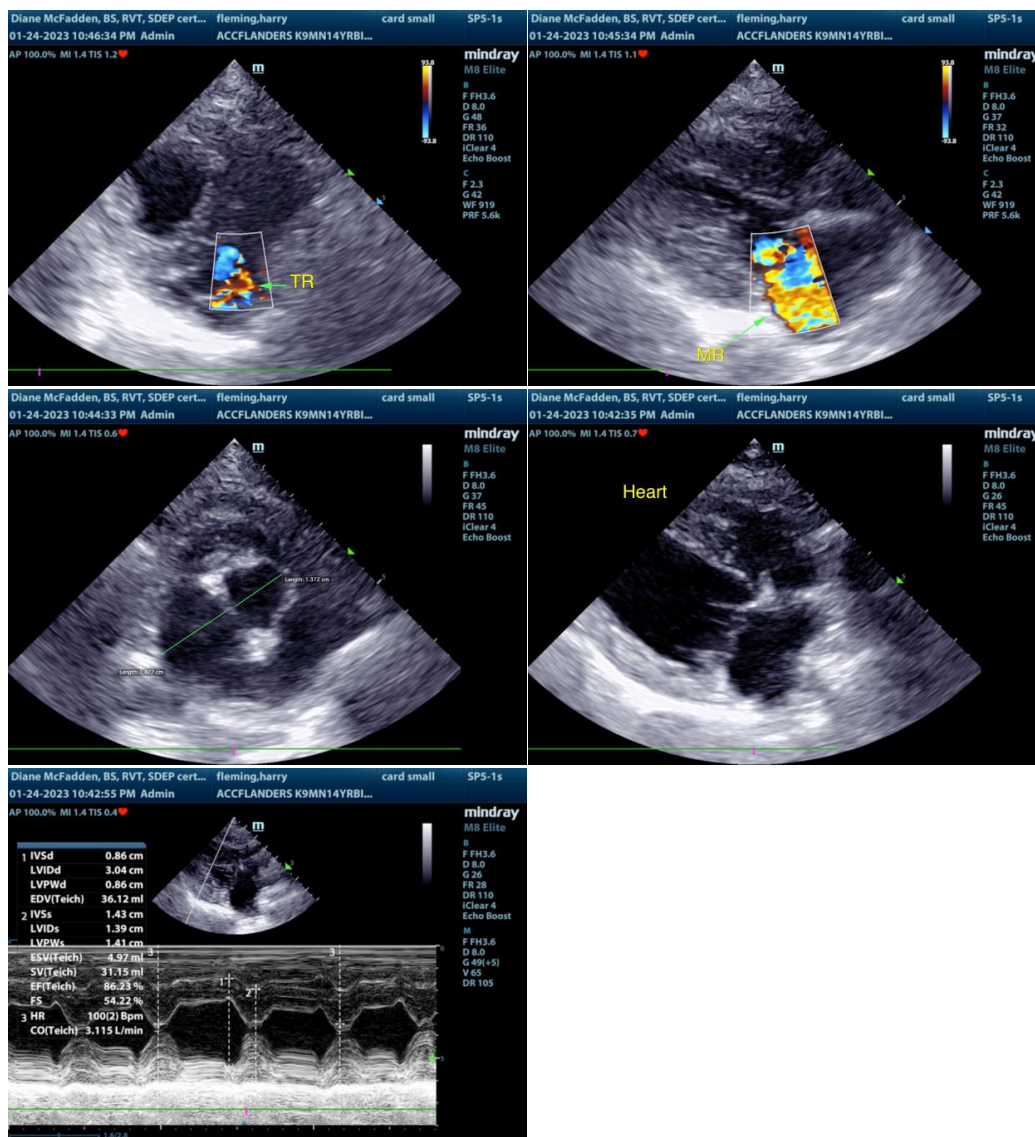
1/24/23

ULTRASONOGRAPHIC FINDINGS

- Static compensated chronic mitral valve disease
- Mild TR - no evidence of pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Static cardiac presentation compared to the previous study with mild improvement in chamber size. The lack of progressive LA/LV enlargement indicates that the current and future risk going forward secondary to MR remains low. Continued Pimobendan at the current dose is suggested without indication for additional cardiac medications. Continued sonographic monitoring is recommended. This prognosis remains variable. Recheck echocardiogram is recommended in 6-12 months, sooner if clinical signs arise. No anesthetic contraindications if anesthesia is required.





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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.

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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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info@SonoPath.com

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