



PATIENT

Cola Seppala

SPECIES

Canine

BREED

Min Schnauzer

SEX

Spayed Female

AGE

14

WEIGHT

8.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

South Pointe AH

REFERRING VET

Dr. Blaze

INVOICE

13183

DATE

1/26/22

PRESENTING CLINICAL SIGNS

On Pimobendan Has had episodes of syncope and coughing. Reassessment of heart disease

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	5.9	1.0	1.46	1.3	54.5	86.5	0.31
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	100	1.0	1.0		3.1	3.1	

Cardiac Presentation

The echocardiogram in this patient demonstrated mildly enlarged **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 with mild valvular prolapse. Doppler indicated measurable moderate eccentric insufficiency. The **left ventricle** presented thicknesses with linear contour with mild subjective increased LV volume. 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 mild thickening with minor eccentric TR. 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

Primary Findings

- Compensated chronic mitral valve disease (ACVIM B1-B2)



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of significant left atrium or left ventricle enlargement indicates that the relative risk at this time secondary to mitral valve insufficiency is low. No other clinical issues such as systolic dysfunction or overt evidence of clinical pulmonary hypertension were present. Given these findings, the cardiac presentation was not overtly consistent with a cardiogenic cough. Consideration for primary lower airway disease may be considered in this case.

ECG assessment to rule out possible paroxysmal arrhythmia could be considered, although evidence of arrhythmogenic disease was not present. Assessment of systemic blood pressure is recommended. If blood pressure (<130), discontinuation of current ACE inhibitor medication is suggested. Continuation for Pimobendan would be appropriate as this medication may help prolong or delay cardiac changes associated with mitral valve insufficiency. Recheck echocardiogram is recommended in 6 months, sooner if continued or persistent signs of syncope are noted primarily for reassessment of TV Insufficiency.

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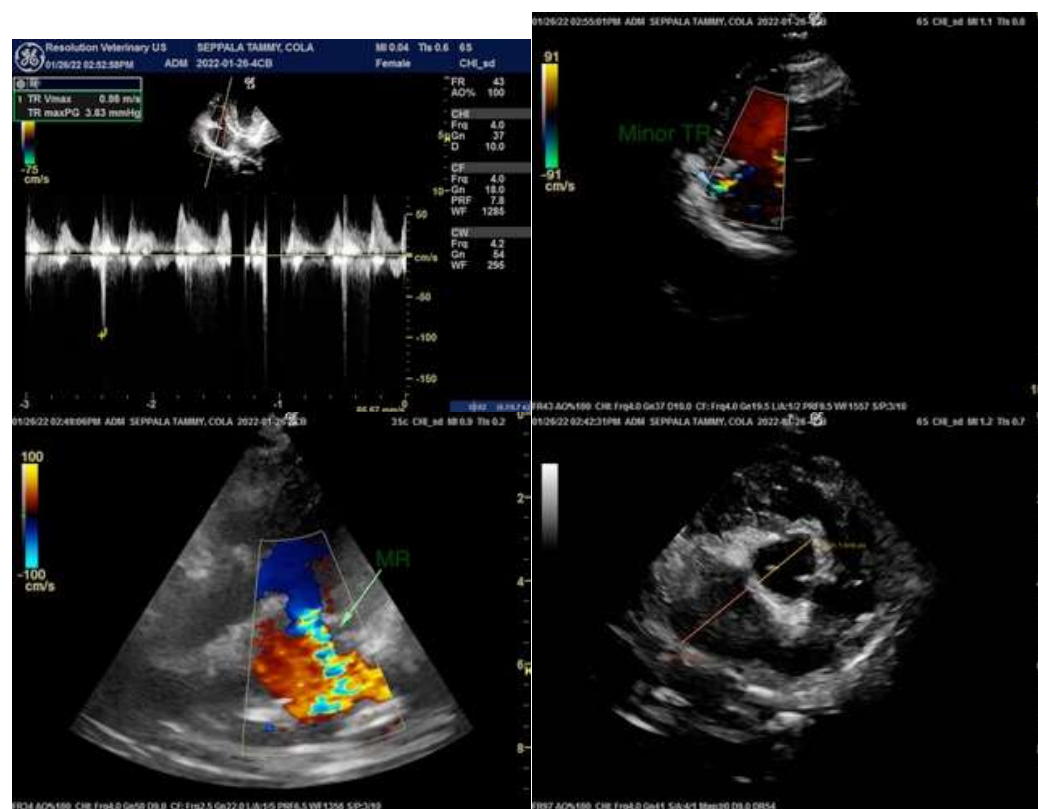
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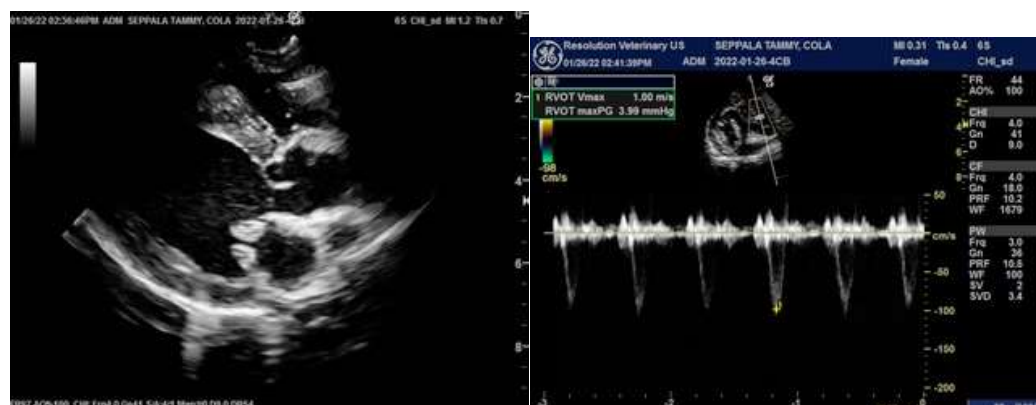
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com