



## PATIENT

Juliette Cardinale

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

FS

## AGE

10 years

## WEIGHT

11.6 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kelly Vazquez

## HOSPITAL NAME

Ho-Ho-Kus VH

## REFERRING VET

Dr. Brittany Scott

## INVOICE

13166

## DATE

1/26/22

## PRESENTING CLINICAL SIGNS

Cough despite hydrocodone, added in pred and got better. Radiology report: tracheal collapse, possible bulge in pulmonary trunk, diffuse bronchial pattern, no heart murmur. Echo to R/O pulmonary hypertension. Current meds: tapered pred 1.25 mgs SID, hydrocodone.  
Abnormal PE/Chem/CBC/UA Results: Nov - 4DX (neg), BUN 49.

## 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		1.1	1.2	1.28	40.4	74	0.15
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	117	1.5	0.95		2.2	2.1	

## Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. 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. **Tricuspid** valvular assessment revealed minor subjective thickening with minor TR on color doppler. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** 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. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.



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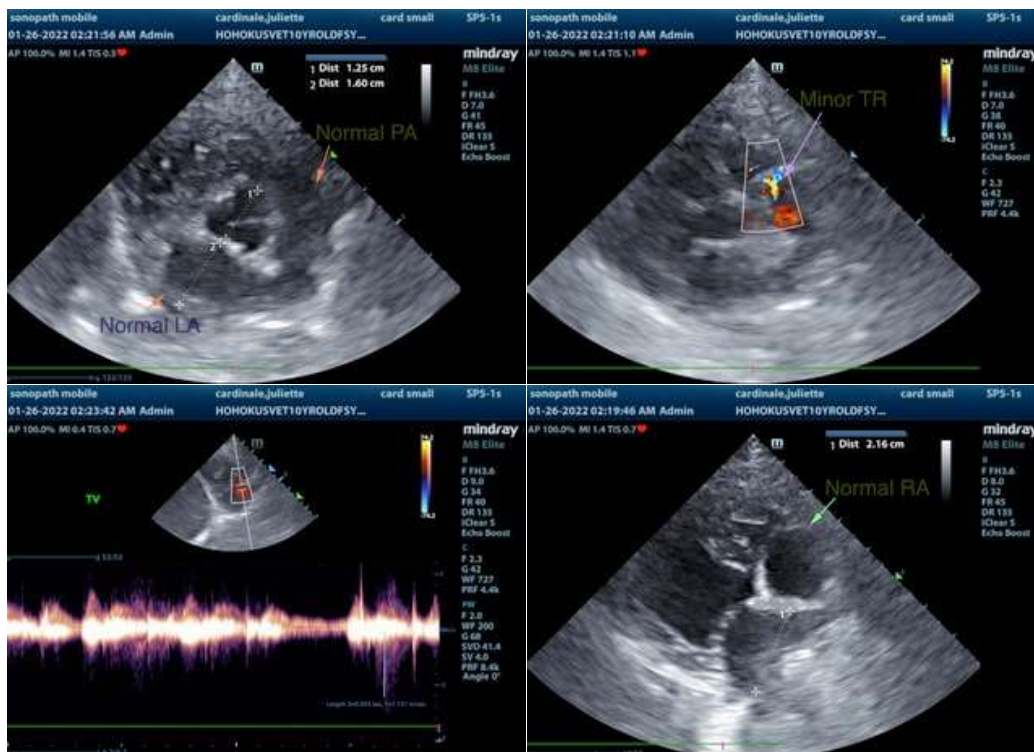
## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Overtly normal cardiac structure and function
- Minor TR - estimated pulmonary pressure gradient (<20 mmHg) not consistent with clinical pulmonary hypertension

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant structural or functional cardiomyopathy was noted. Minor TR was present, yet not considered clinically significant as the estimated pulmonary pressure gradient based on measured TR velocity was not consistent with clinical pulmonary hypertension. Likewise, no evidence of pulmonary artery dilation or cor pulmonale was noted. Overall, the heart was not consistent with cardiogenic cough. No indication for cardiac medications was noted.





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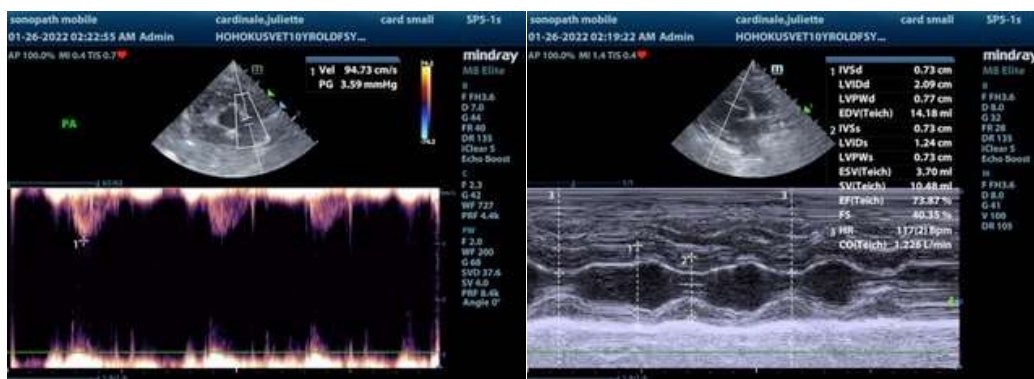
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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