



PATIENT PRESENTING CLINICAL SIGNS

Gus Horan 3/6 murmur, hypothyroid, mild cough.
Medication: Soloxine .2mg BID

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Border Collie Mix

SEX

MN

AGE

2008

WEIGHT

42.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

New Britain VC

REFERRING VET

Dr. Bandekar

INVOICE

15997

DATE

1/26/23

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	<1.6	28-40	40-100	<0.6
PATIENT	5.2	2.3		1.9	34	64	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	BELOW	BELOW	BELOW	BELOW
PATIENT	83	1.5	0.84		3.9	3.8	

Cardiac Presentation

The echocardiogram in this patient demonstrated mildly enlarged **left atrial** size based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented mild thickening consistent with mild endocardiosis with no evidence of valvular prolapse. Doppler indicated measurable moderate primarily eccentric insufficiency. The **left ventricle** presented thicknesses with linear contour with borderline 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 concurrent mild thickening with mild TR on 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



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mediastinum and pericardial regions were free of masses in the visible window. No arrhythmia was noted.

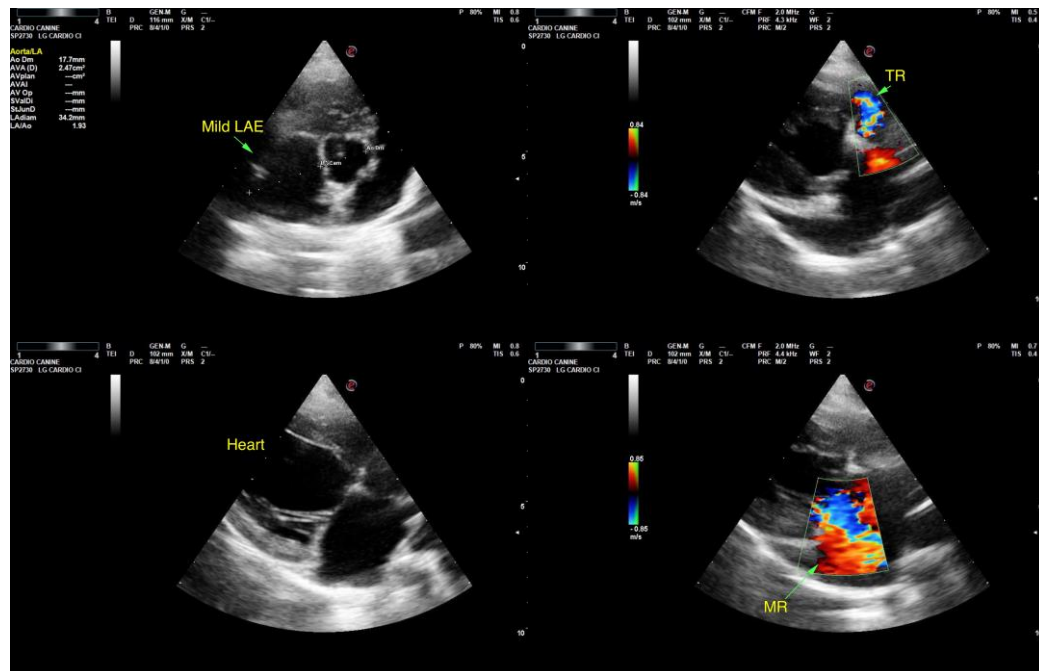
ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B2)
- Mild TR - no evidence of clinical pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild increased LA volume with borderline increased LV volume indicate that current and future risk secondary to MR is mildly elevated, yet overall, the heart appears to be compensated at this stage. The degree of left-sided chamber enlargement was not overtly consistent with congestive criteria. The coughing in this patient may be multifactorial in origin potentially secondary to mainstem bronchi irritation owing to increased LA volume or possibly concurrent lower airway disease.

Pimobendan 0.3 mg/kg PO BID is warranted at this stage. As-needed antitussive medication such as Hydrocodone may prove beneficial. Prognosis is variable and sonographic monitoring is recommended. Baseline monitoring of respiration rate going forward is advised. Recheck echocardiogram is suggested in 6 months, sooner if progressive coughing or clinical signs consistent with congestion are noted.





PATIENT

Gus Horan

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.

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.

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