



**PATIENT PRESENTING CLINICAL SIGNS**

Mickey Rescue 5/6 murmur

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**SPECIES**

Canine

**BREED**

Cavalier King Charles  
Spaniel

**SEX**

F

**AGE**

2017

**WEIGHT**

12

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
<b>PATIENT</b>	5.4	2.2		1.47	43	75	0.2
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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	125	1.5	1.1		2.6	2.6	

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

**IMAGING  
PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

New Britain VC

**REFERRING VET**

Dr. Bandekar

**INVOICE**

15979

**DATE**

1/26/23

**Cardiac Presentation**

The echocardiogram in this patient demonstrated minor enlargement of the **left atrial** size based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented moderate thickening consistent with endocardiosis. Doppler indicated measurable 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 revealed mild concurrent 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 **mediastinum and pericardial regions** were free of masses in the visible window.

**ULTRASONOGRAPHIC FINDINGS**

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



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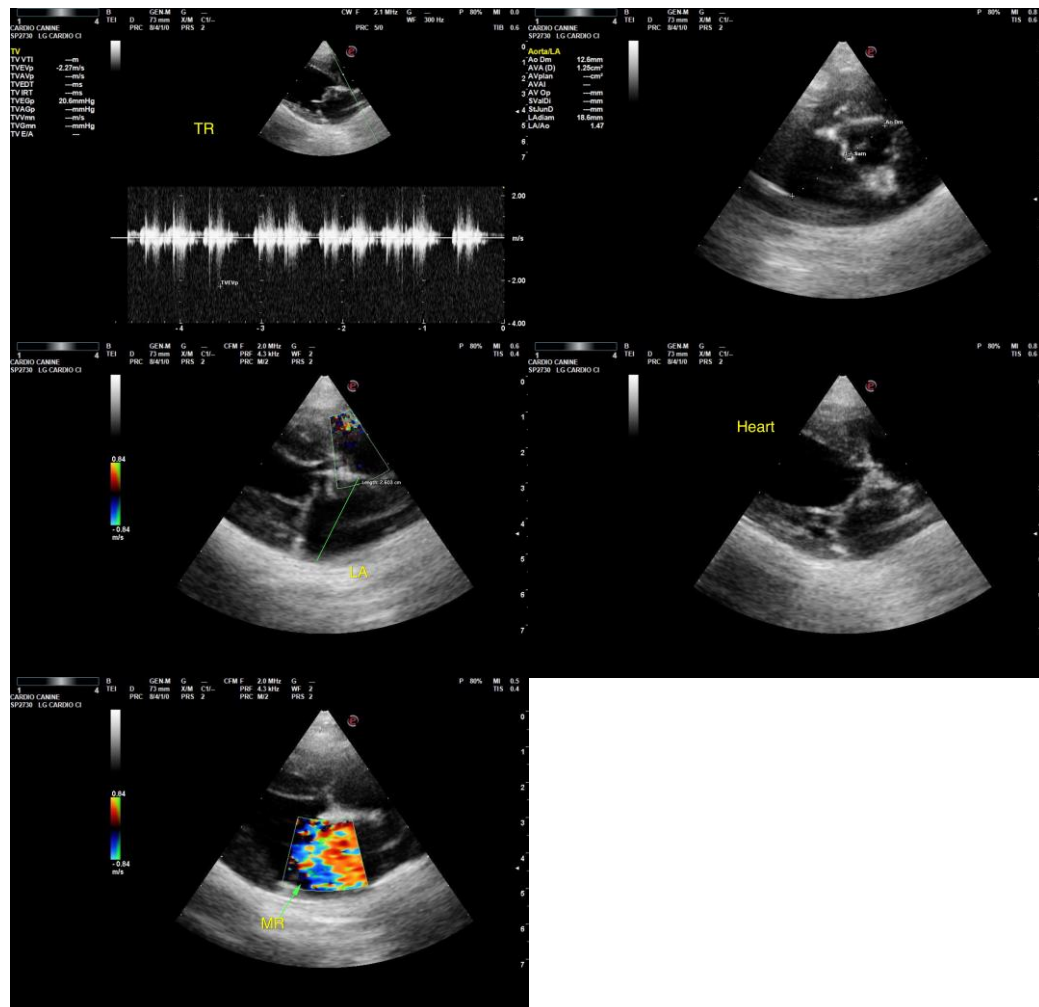
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, the heart appears to be compensated with the murmur secondary to chronic degenerative valvular changes and secondary primary MR and minor TR. The lack of significant left atrial enlargement indicates that the risk of current and future complications at this stage is low. In an assumed nonclinical patient without evidence of significant chamber enlargement, cardiac medications are not overtly indicated. However, given the breed, the prognosis is highly variable and sonographic monitoring is advised. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs arise.



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.

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