


PATIENT

Bailey Parsons

PRESENTING CLINICAL SIGNS

diagnosed with CHF, having episodes of wobbliness and will fall over when he shakes his head meds: vetmedin, furosemide

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
BREED

Yorkie X

SEX

FS

AGE

11 years

WEIGHT

3.5 kg

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	6.1	1.5	2.5	2.2	46.7	80.4	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	177	1.33	1.2		3.76	2.5	

INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hawkins AH

REFERRING VET

Dr. Hawkins

INVOICE

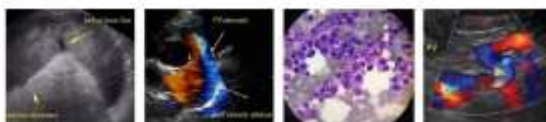
13191

DATE

1/27/22

Cardiac Presentation

The echocardiogram in this patient demonstrated severely enlarged **left atrial** size based on 3 different LA measurement methods. Deviation of the interatrial septum towards the right atrium consistent with elevated left atrial pressure was present. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis with mild valvular prolapse. No overt evidence of chordae tendineae rupture was noted. Doppler indicated measurable moderate eccentric insufficiency. The **left ventricle** presented thicknesses with linear contour with moderate to marked increased left ventricle 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 thickening with mild insufficiency on color 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.


PATIENT

Bailey Parsons

SPECIES

Canine

BREED

Yorkie X

SEX

FS

AGE

11 years

WEIGHT

3.5 kg

INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hawkins AH

REFERRING VET

Dr. Hawkins

INVOICE

13191

DATE

1/27/22

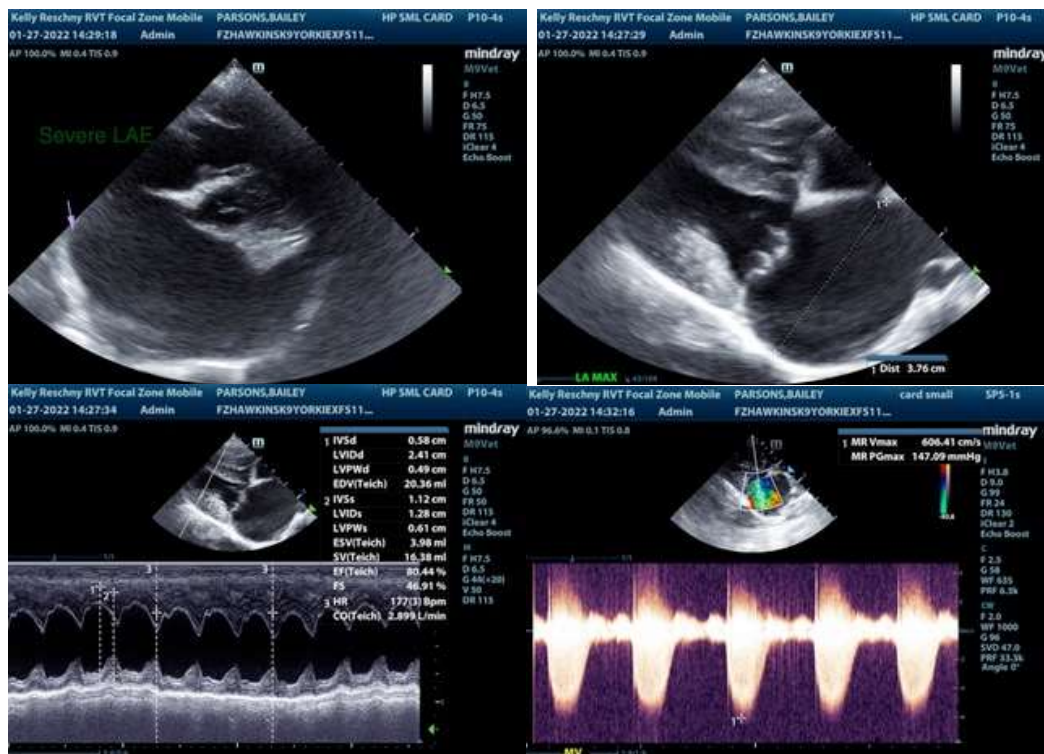
ULTRASONOGRAPHIC FINDINGS
Primary Findings

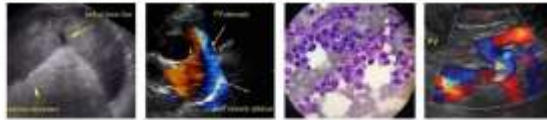
- Chronic mitral valve (ACVIM Stage C)
- Mild TR - estimated pulmonary pressure gradient (<20 mmHg) based on measured TR velocity was not consistent with overt clinical pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiogram is consistent with advanced chronic mitral valve disease exhibiting severe LA and moderate LV enlargement. The degree of LA and LV enlargement is consistent with a significantly elevated risk for complication / congestion secondary to mitral valve insufficiency. LV function appeared to be adequate without evidence of systolic dysfunction.

Monitoring of resting respiration rate and three-view chest radiographs to assess for evidence of pulmonary edema are recommended. Continued Vetmedin at the current dose, as well as diuretic therapy at the lowest effective dose with the potential addition of Spironolactone 1.0-2.0 mg/kg PO BID is suggested. ECG assessment is suggested to assess for possible arrhythmia, given the degree of LA enlargement as a potential cause of the patient's clinical signs. A thorough neurological exam is also suggested. A systemic blood pressure assessment is recommended, given the elevated MR velocity to assess for evidence of hypertension. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs suggestive of cardiac decompensation are noted.





PATIENT

Bailey Parsons

SPECIES

Canine

BREED

Yorkie X

SEX

FS

AGE

11 years

WEIGHT

3.5 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Hawkins AH

REFERRING VET

Dr. Hawkins

INVOICE

13191

DATE

1/27/22



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