



PATIENT

Jacob Donaldson

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

7 years

WEIGHT

5.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

Resolution VU, LTD

REFERRING VET

Dr. Ann-Marie Rix

INVOICE

13661

DATE

1/27/22

PRESENTING CLINICAL SIGNS

Grade 2/3 murmur. Pre dental. Assess for mitral valve 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	--	1.1	NM	1.1	43.2	77.1	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)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	NM	1.44	0.84	--	2.3	2.1	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **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 subtle prolapse of the septal leaflet. Doppler indicated 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 demonstrated mild 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.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B-1) with subtle septal mitral valve leaflet prolapse



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- Mild TR- estimated pulmonary pressure gradient, not consistent with overt clinical pulmonary hypertension.

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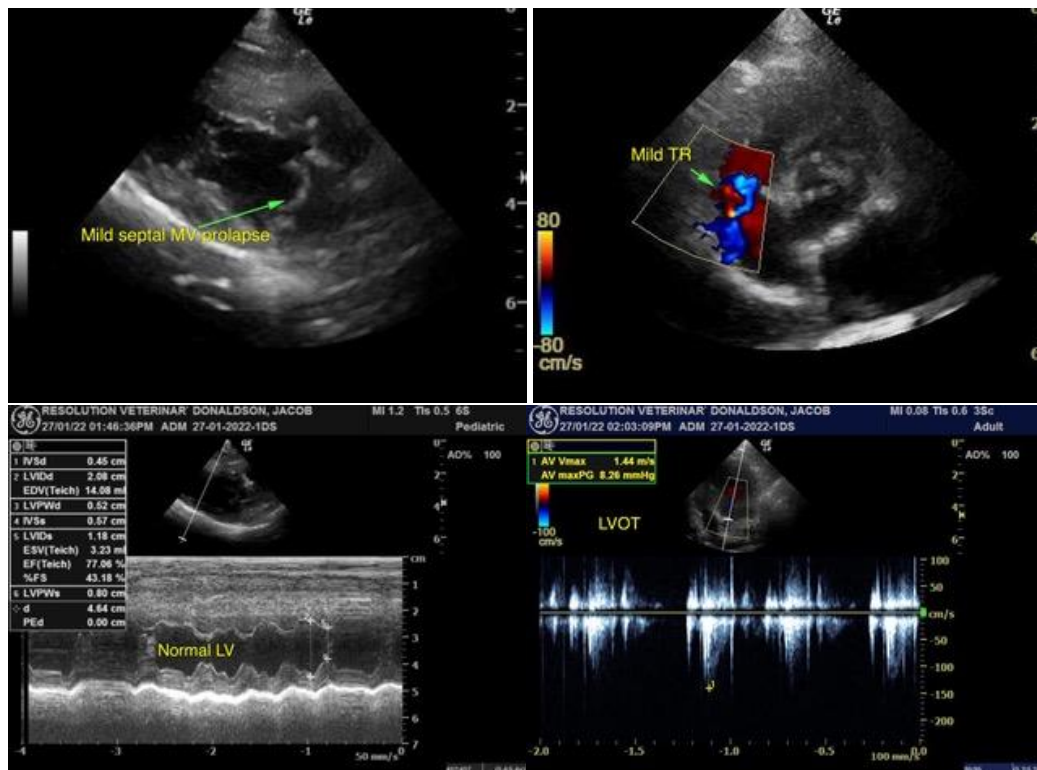
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is most consistent with early onset chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The hemodynamic effects of the mitral valve insufficiency appear to be mild at this time given the lack of left atrial enlargement or increased left ventricle volume. This finding also indicates that the relative risk for current complication is low. However, prognosis may be highly variable. Serial sonographic monitoring is required for further prognosis. In a non-clinical patient without evidence of left atrium enlargement, no indication for cardiac medications. Conservative monitoring at this stage would be appropriate.

Recheck echocardiogram suggested in 6 months or sooner if clinical signs suggestive of heart disease arise. No overt anesthetic contraindications. The following protocol may be considered. Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.

<https://www.antechediagnostics.com/cadet-braf>





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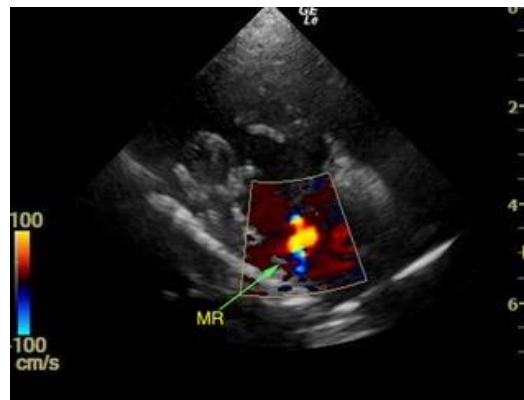
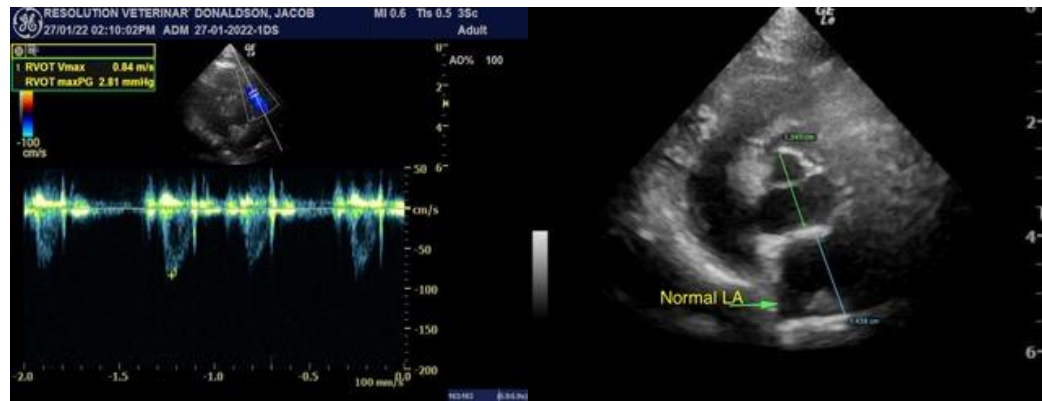
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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