



PATIENT PRESENTING CLINICAL SIGNS

Apollo Esposito Arrhythmia auscultated on 12/4/21. Current meds: rimadyl 75mg BID

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Pit Bull X

SEX

Spayed Female

AGE

13 Years 9 Months

WEIGHT

79 Pounds

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	<5.0	<2.0	1.1	1.0	35.3	68.1	0.4
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				
PATIENT	160	1.5	1.0		3.9	3.4	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size and structure. Chamber volume and blood echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented minor irregular thickening to age-related changes with minor, primarily centralized insufficiency present on color doppler assessment with overall adequate extension in systole and union in diastole. No evidence of mitral valve prolapse. The **left ventricle** presented normal free wall and septal thicknesses with overall linear contour. The **myocardium** presented subtle myocardial remodeling, consistent with expected age related myocardial changes. **Contractility** of the ventricular walls was adequate as evidenced by the fractional shortening measurement below. The **left ventricular outflow** tract demonstrated normal systolic laminar flow with subtle subjective thickening of the aortic valve leaflets and concurrent aortic valve insufficiency. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated subtle thickening with minor insufficiency on color doppler assessment. The **right ventricle** was of normal size (1/3 diameter of LV), echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). No dilation due to heartworm disease, cuor pulmonale, stenosis, or pulmonic hypertension was noted. No visible **pericardial** or free pleural fluid was noted. The **mediastinum** was free of masses in the visible window. Intermittent solitary, non-continuous arrhythmia was present. Brief sonographic assessment of the liver revealed no evidence of hepatic congestion or cranial abdominal ascites.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Harker

INVOICE

33930

DATE

1/3/22

ULTRASONOGRAPHIC FINDINGS

- Overtly normal overall cardiac structure and function for age with intermittent non-continuous arrhythmia.
- Minor MR/TR
- Subtle subjective aortic valve thickening with associated insufficiency



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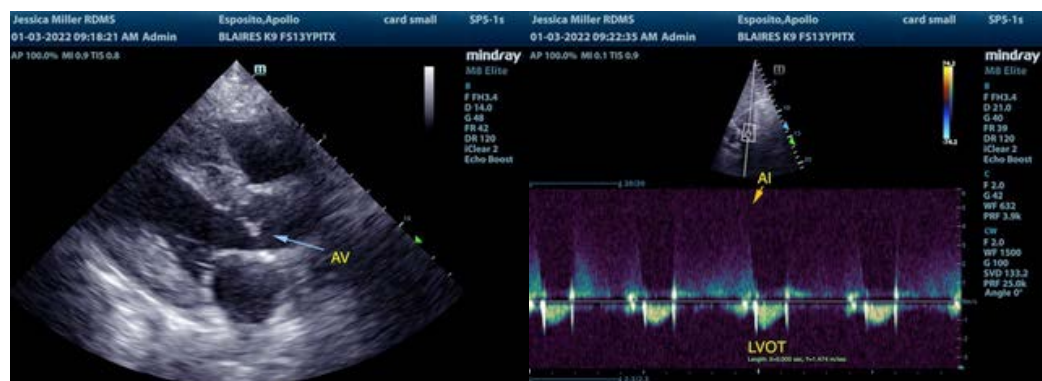
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The subtle subjective aortic valve thickening is non-specific, yet not overtly consistent with endocarditis or aortic valve stenosis. Assessment of systemic blood pressure recommended given the presence of aortic valve insufficiency. No indication for medications used to treat structural or functional cardiomyopathy. Further assessment of the arrhythmia with ECG and/or holter monitor recommended. If evidence of VPCs, full lab work and/or abdominal ultrasound may be considered to assess for underlying disease.





PATIENT

Apollo Esposito

The information and recommendations provided are based on the images presented by the referring veterinarian. 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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info@SonoPath.com

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