


PATIENT

Grover Eppel

PRESENTING CLINICAL SIGNS

Grade II/VI systolic murmur, coughing. VHS 9.7 7/2021; VHS 11.7 1/2023; tracheal elevation, lungs look wnl. Current meds: Apoquel

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: 9/2022- ALT 186, ALKP 220, Na 155

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED	CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
Cockapoo	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
SEX	PATIENT		2.3	1.1	1.2	49.5	83.4	0.2
MN	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)
AGE								
14yr	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
WEIGHT	PATIENT	138	1.9	1.0		2.4	2.2	
18lb								

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Villari

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 mild thickening consistent with endocardiosis. Doppler indicated mild 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. Mild aortic insufficiency was present on Doppler with normal measured LVOT velocity. 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 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). Normal measured RVOT velocity. 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

INVOICE

12596ag

DATE

01/03/2023

ULTRASONOGRAPHIC FINDINGS

- Compensated mild mitral valve disease (ACVIM B1)
- Mild TR-estimated pulmonary pressure gradient not consistent with clinical pulmonary hypertension
- Mild aortic insufficiency



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the low grade murmur is consistent with mild chronic degenerative changes with secondary mitral and tricuspid valve insufficiency. The lack of left atrium enlargement or overall left/right heart chamber enlargement indicate that the risk of complication is low. No other clinical issues such as LV systolic dysfunction or clinical pulmonary hypertension were present. The coughing in this patient is non-cardiogenic in origin. No indication for cardiac medications at this stage.

Prognosis is highly variable and serial sonographic monitoring is required for further prognosis.

Recheck echocardiogram recommended in 6 months, sooner if clinical signs arise. Screening BP is recommended to assess for evidence of hypertension given the aortic insufficiency.

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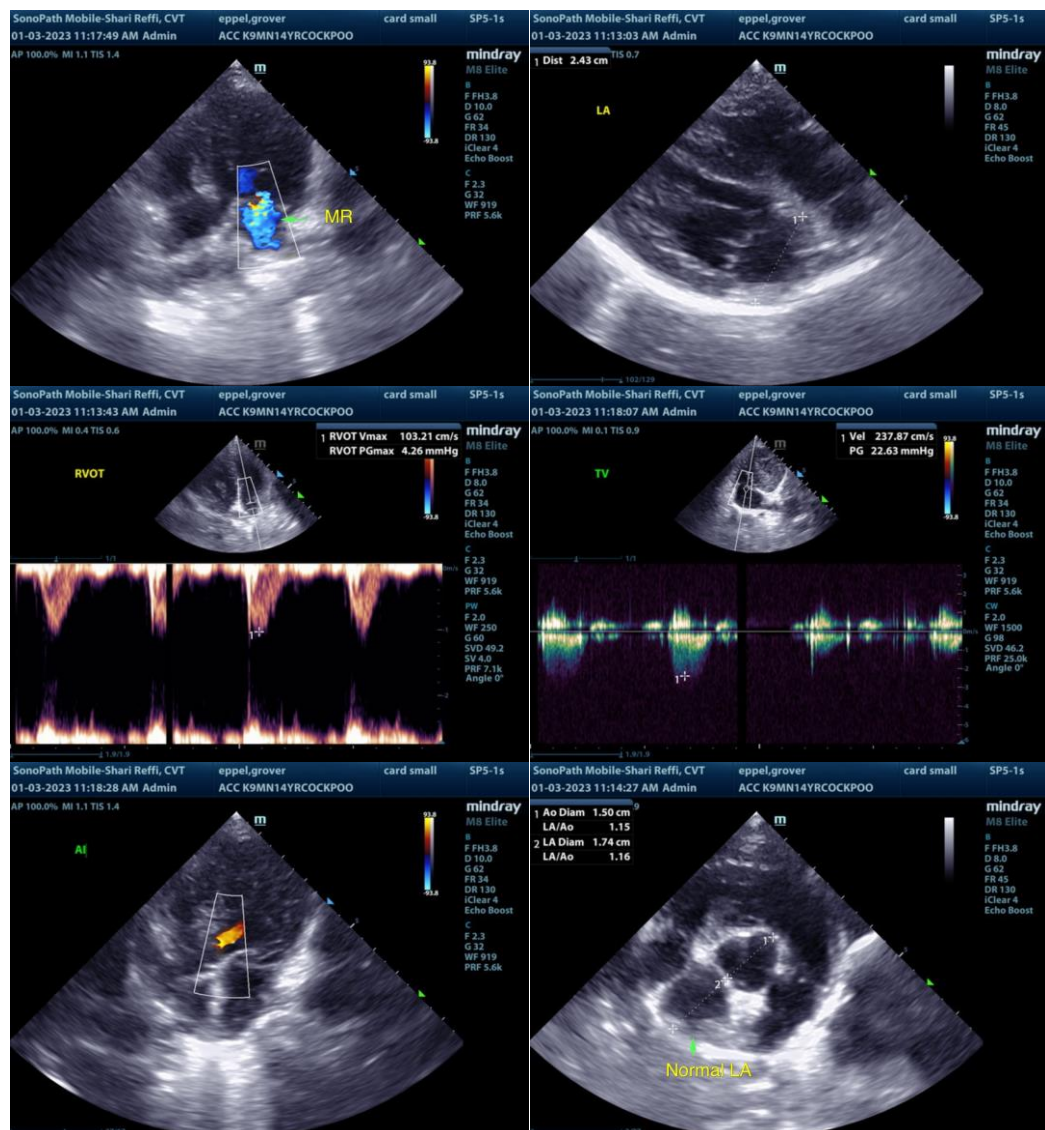
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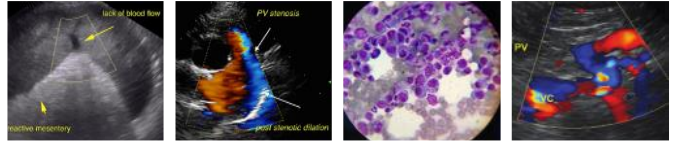
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

SPECIES

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mac.daniel@sonopath.com

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