



PATIENT PRESENTING CLINICAL SIGNS

Toby Barnett History: Heart murmur diagnosed in October 2021-grade 4/6 has not been coughing BAR heart murmur has not progressed - was in for recheck Jan 26/22

SPECIES Abnormal PE/Chem/CBC/UA Results: Bloodwork done October 2021 ALP 1,234 (5-160) Lipase 301 (0-250)
Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

JRTX Dachshund

SEX

Neutered Male

AGE

15 Years

WEIGHT

9.4 kg

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	1.45	NM	1.36	48.4	83.4	0.25
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	88	1.2	0.76	--	3.4	3.1	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystall Hill

HOSPITAL NAME

Main Street AH

REFERRING VET

Dr. Morris

INVOICE

13694

DATE

1/31/22

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 mild prolapse of the septal leaflet. 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 demonstrated concurrent thickening with mild prolapse of the septal leaflet and mild TR. 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



PATIENT

Toby Barnett

- Chronic mitral valve disease with mild septal leaflet prolapse (ACVIM B-1)
- Mild TV prolapse and concurrent mild TR- estimated pulmonary pressure gradient not consistent with clinical pulmonary hypertension

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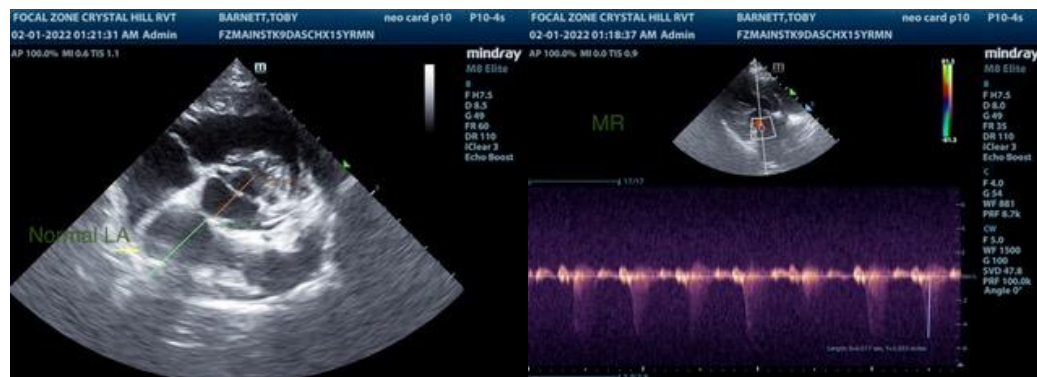
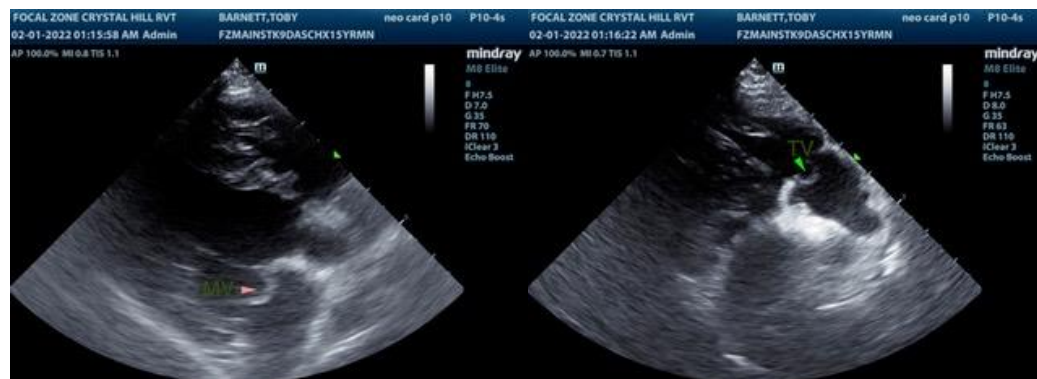
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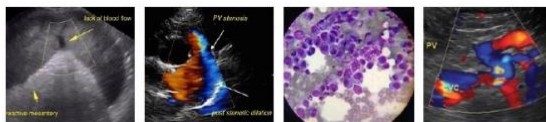
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is consistent with chronic degenerative valvular changes with secondary mitral and tricuspid valve insufficiency. The lack of left atrial enlargement implies that the risk of complications secondary to mitral valve insufficiency is low at this time. However, prognosis at this stage is variable. No other clinical issues, such as systolic dysfunction or evidence of clinical pulmonary hypertension were present. In a nonclinical patient without evidence of significant chamber enlargement, cardiac medications are not specifically indicated. Serial sonographic monitoring is required for further prognosis. Conservative monitoring of the murmur is appropriate at this stage with recheck echocardiogram suggested in 6 months or sooner if clinical signs suggestive of heart disease arise.



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.

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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