



PATIENT

Bella Dillon

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

13 years

WEIGHT

12.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

North Warren AH

REFERRING VET

Dr. Corrado

INVOICE

12950

DATE

1/4/22

PRESENTING CLINICAL SIGNS

-Grade I/VI murmur, cardiomegaly w/dorsal displacement of corina. Current meds: Cyproheptadine 16mg/ml 0.1ml bid, Pimobendan 5mg/ml 0.25ml bid, Furosemide, 12.5mg 1/2t bid
Abnormal PE/Chem/CBC/UA Results: Elevated baseline cortisol, suspected cushings.

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		<2.0	1.2	1.2	55.5	88.2	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	132	1.0	1.0		2.1	2.0	

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. Doppler indicated eccentric measurable 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 adequate linear morphology. 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

ULTRASONOGRAPHIC FINDINGS

Bella Dillon

Primary Findings

SPECIES

- Mild eccentric mitral valve insufficiency

Canine

- Normal LA/LV

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chihuahua

The cause of the murmur is most consistent with probable mild chronic degenerative valvular changes and secondary eccentric mitral valve insufficiency. No other clinical issues such as stenotic disease, systolic dysfunction, or clinical pulmonary hypertension were noted. The lack of left atrium enlargement indicates that the risk of current and future complication is low, although prognosis may be considered highly variable. In a non-clinical patient without evidence of significant chamber enlargement, cardiac medications are not specifically indicated. Conservative monitoring at this stage would be reasonable. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs suggestive of heart disease initiate or if the murmur progresses. Blood pressure assessment may be considered given the potential for suspected Cushing's Disease.

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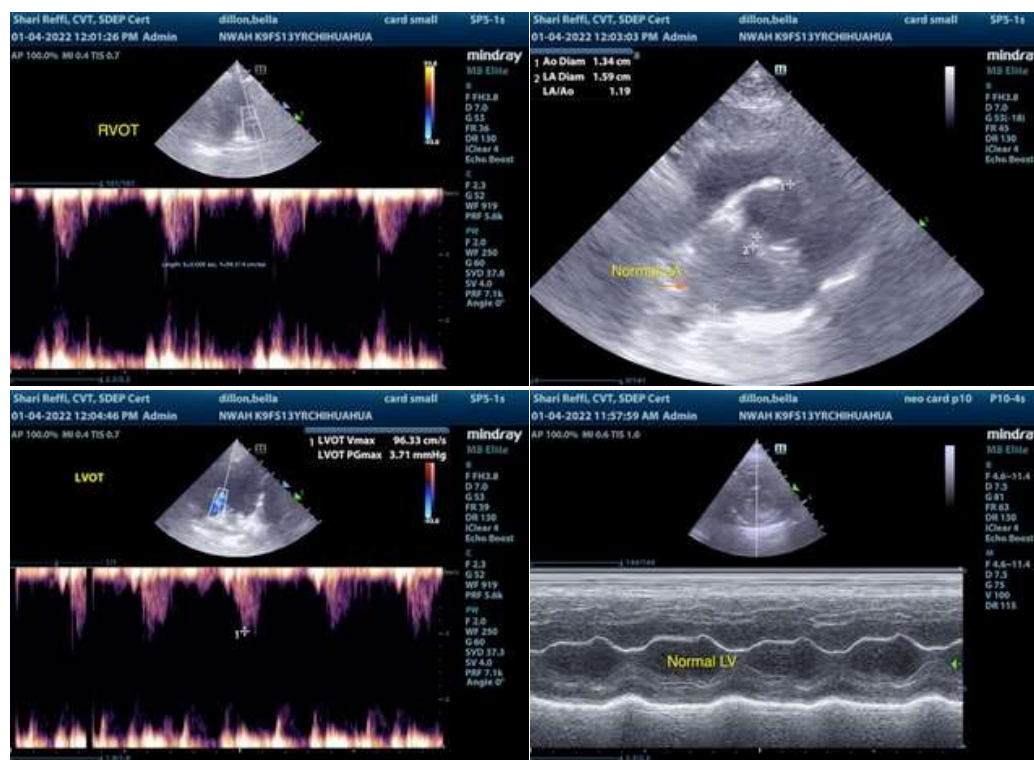
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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