



## PATIENT

Polly Strauss

## SPECIES

Canine

## BREED

Cavalier King  
Charles Spaniel

## SEX

FS

## AGE

11 years

## WEIGHT

17 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jessica Miller

## HOSPITAL NAME

ACC Flanders

## REFERRING VET

Dr. Hallihan

## INVOICE

13121

## DATE

1/4/22

## PRESENTING CLINICAL SIGNS

History-Recheck, started low dose lasix, last echo was 9/8/21, slightly increased heart murmur, LA enlargement rads Current meds: lasix 12.5mg 1/2T BID, Enalapril 5mg- 1T BID

## 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)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>	5.8	2.5	1.5	1.51	48.3	83.2	0.24
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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
<b>PATIENT</b>	144	1.8	0.8	--	3.2	2.9	--

## 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 mild vegetative thickening with mild insufficiency on color doppler assessment. 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). Trace insufficiency noted on doppler assessment of the pulmonic valve. 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



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- Chronic mitral valve disease (ACVIM B-1)- subjectively static compared to the previous echo

- Mild TR with trace PV insufficiency

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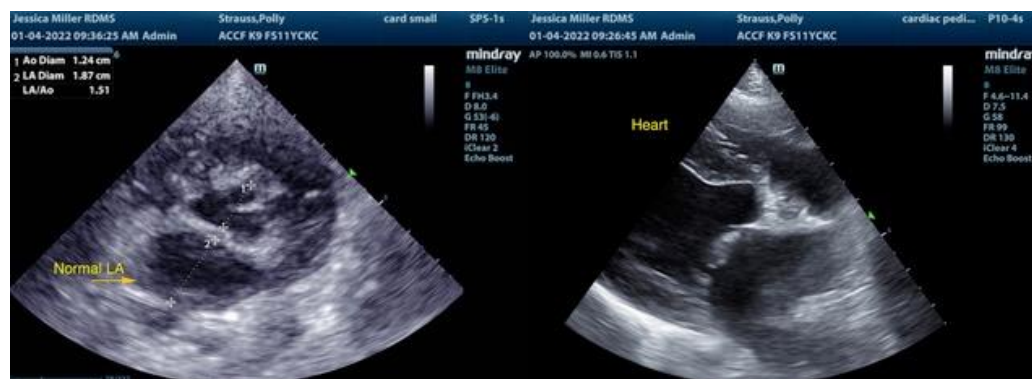
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall static presentation of the heart compared to the previous echocardiogram without evidence of progression. The lack of left atrium enlargement continues to indicate that the risk for current and future complication is low. However, prognosis is considered highly variable at this stage. Clinical signs associated with mitral valve insufficiency are not anticipated. In a nonclinical patient without significant chamber enlargement, medications are not specifically indicated. No other clinical issues such as systolic dysfunction or evidence of clinical pulmonary hypertension were noted. Recheck echocardiogram suggested in 6 months or sooner if clinical signs consistent with heart disease (i.e., exercise intolerance, elevated resting respiration rate, etc.) are noted.





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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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
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