



## PATIENT

Edward Kinney

## SPECIES

Canine

## BREED

Chihuahua Mix

## SEX

MN

## AGE

15 years

## WEIGHT

6.6 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jennifer Todd

## HOSPITAL NAME

Lambs Gap AH

## REFERRING VET

Dr. Cynthia Kinney

## INVOICE

12985

## DATE

1/6/22

## PRESENTING CLINICAL SIGNS

-Edward is owned by our Dr. Kinney. ECG is attached for your information Blood pressure today was 178/146, 150/99, 154/99. Edward is a fifteen year old, MN, Chihuahua mix owned by our Dr. Kinney. He has a history of grade IV/VI systolic heart murmur and occasional cough. His last echo was 2/11/21 and read by Dr. Lamy. We are monitoring his heart for change.

## 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	EST 5.3	1.5	1.44	1.4	50.8	84.8	0.26
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	NM	1.0	0.8		1.9	1.8	

## 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. Mild prolapse of the septal leaflet was present. 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 mild vegetative thickening with minor insufficiency noted 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). 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.



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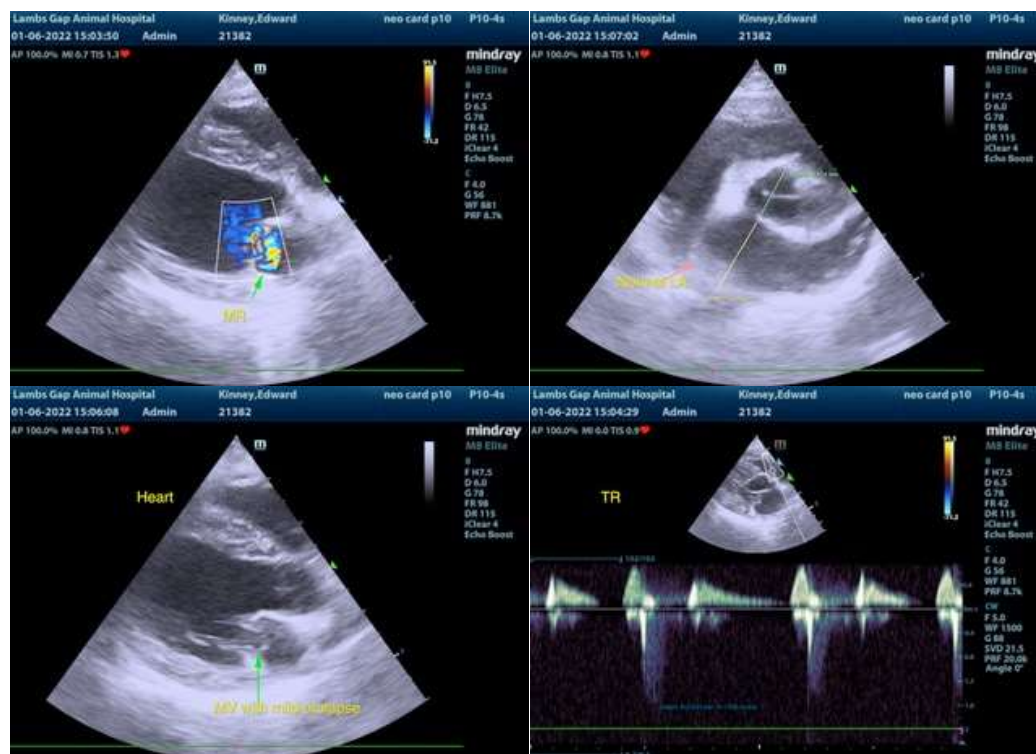
## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Chronic mitral valve disease (ACVIM B1)
- Minor TR - estimated pulmonary pressure gradient not consistent with clinical pulmonary hypertension

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Static presentation compared to the previous echocardiogram. Given the lack of current or progressive left atrium enlargement, the risk for current and future complication at this time remains low. No indication for cardiac medications. Continued monitoring is recommended with recheck echocardiogram suggested in 6 months, sooner if clinical signs suggestive of cardiac disease initiate.





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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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