


PATIENT

Brady Raimondo

PRESENTING CLINICAL SIGNS

Yearly Echo. Heart murmur. I part Dobie. Hx IBD. Current meds: Tylan Powder

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: UA SG: 1.045

BREED

Hound/Dobie Mix

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
SEX

MN

AGE

9yr

WEIGHT

70.6lb

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	<1.3	28-40	40-100	<0.6
PATIENT	5.1			1.7	40	74	0.27
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				
PATIENT	103	1.3	0.8		5.3	5.0	

Cardiac Presentation
INTERPRETED BY

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

The echocardiogram for this patient presented excessive left atrial size expressed both in the LA/AO and LA max measurements. Subtle deviation of the interatrial septum towards the right atrium suggestive of mild increased left atrial pressure was noted. The cranial and caudal mitral valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable moderate eccentric insufficiency. The left ventricle presented thicknesses with linear contour with minor increased left ventricle volume. 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.

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Parsippany AH

REFERRING VET

Dr. Dulude

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease ACVIM mild B2

INVOICE

11853ag

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
DATE

10/14/2022



PATIENT

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The echocardiogram reveals mildly progressive increased LA/LV size yet overall still appears to be compensated and consistent with mildly progressive mitral valve disease. Pimobendan 0.3 mg/kg PO BID is suggested at this stage even though the patient is nonclinical as this medication may help prolong progressive cardiac changes associated with mitral valve insufficiency. No other clinical issues such as LV systolic dysfunction or evidence of clinical pulmonary hypertension were present. Serial sonographic monitoring is required for further prognosis. Recheck echocardiogram recommended in 6 months, sooner if clinical signs arise.

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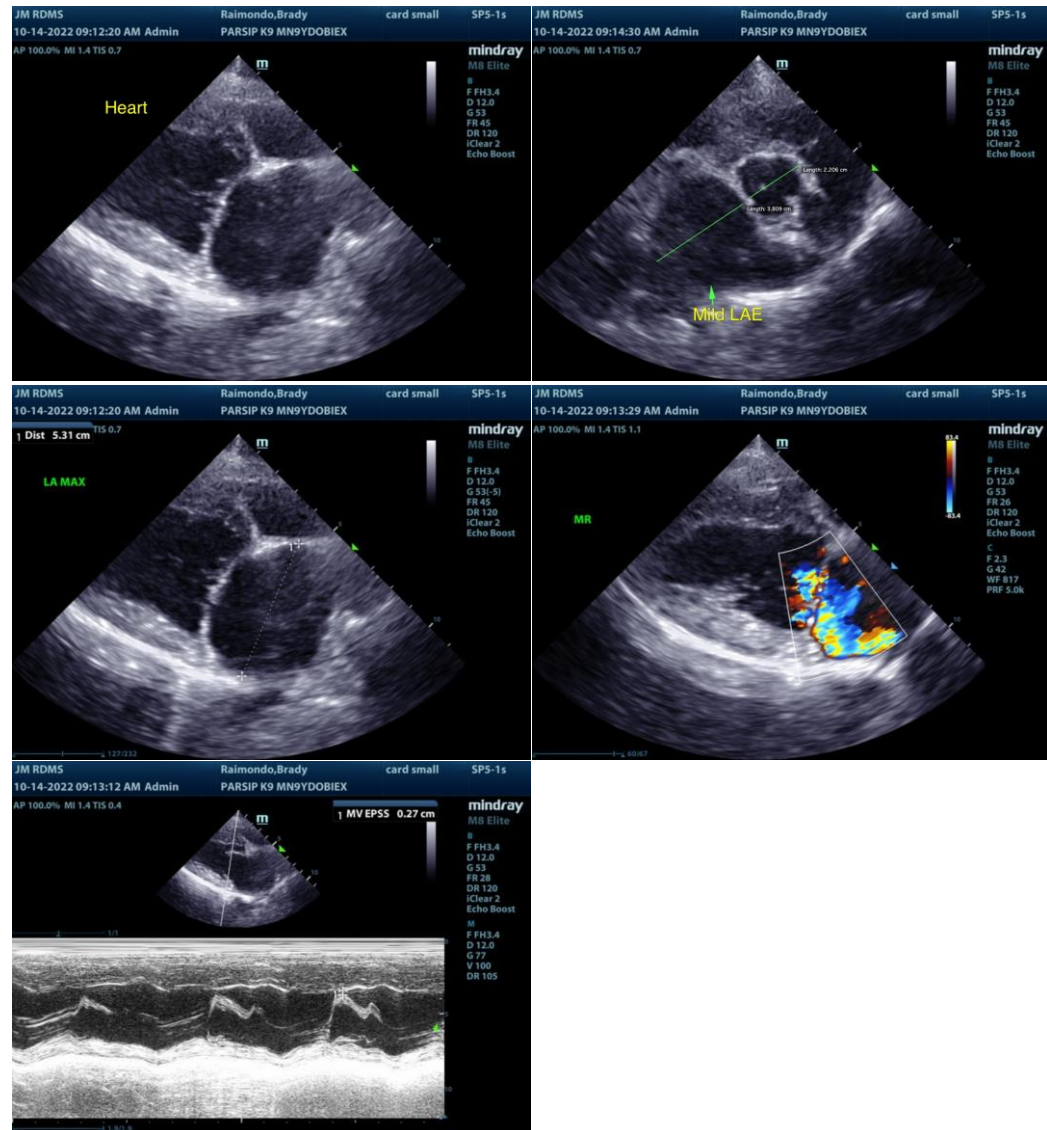
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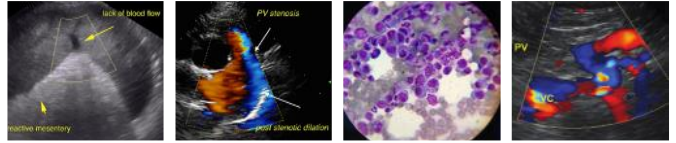


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com



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