


PATIENT

Cody Martinez

PRESENTING CLINICAL SIGNS

Heart murmur.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
BREED

Schnauzer Mix

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	6.4	3.3		1.5	43.5	76.2	0.16
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	144	2.1	1.2		3.2	3.0	

SEX

MN

AGE

10yr

WEIGHT

33lb

Cardiac Presentation

The echocardiogram for this patient presented excessive left atrial size expressed both in the LA/AO and LA max measurements. The cranial and caudal mitral valve leaflets presented degenerative thickening consistent with endocardiosis. Doppler indicated measurable moderate eccentric insufficiency with mild increased MR velocity. 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. Mild increased LVOT velocity was present. 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 thickening with mild TR present on Doppler. 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

 Legacy Animal
 Hospital

REFERRING VET

Dr. Potenzzone

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B1-emerging to very early B2)
- TR-estimated pulmonary pressure gradient consistent with mild increased pulmonary pressure yet not overly consistent with clinical pulmonary hypertension

INVOICE

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DATE

10/18/2022

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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The cause of the murmur is chronic degenerative valvular changes with primary mitral valve and mild tricuspid valve insufficiency. The lack of left atrial enlargement implies that the risk of complication secondary to mitral valve insufficiency is low at this time and, without current clinical signs or left heart enlargement, indicates that medical therapy is not required. Serial sonographic monitoring is recommended with a recheck echocardiogram in 6 months, sooner if clinical signs suggestive of heart disease develop.

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Anesthetic risk is considered mild. Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.

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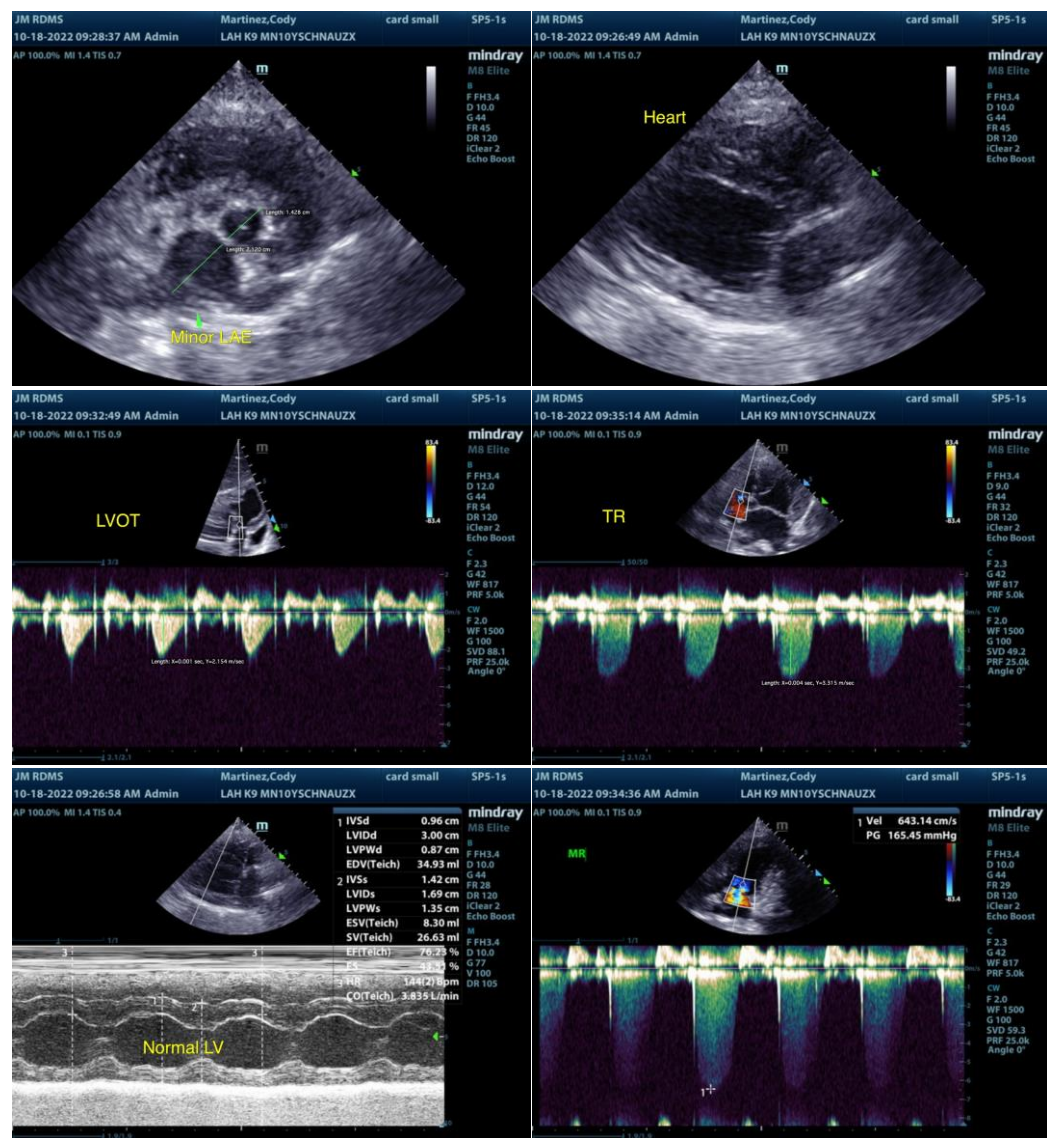
Dr. Potenzone

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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



PATIENT

can be of any further assistance please contact me.

Cody Martinez

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

info@SonoPath.com

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