


**PATIENT**

Magee Duffy

**PRESENTING CLINICAL SIGNS**

Repeat echo.

Current meds: tussigon, tobramycin, lasix

**SPECIES**

Canine

**ULTRASONOGRAPHIC RECHECK EXAMINATION OF THE HEART**
**BREED**

Jack Russell 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			1.1	1.36	44	79.5	0.1
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	122	1.3	1.0		2.8	2.3	

**SEX**

FS

**AGE**

14yr

**WEIGHT**

15.2lb

**Cardiac Presentation**
**INTERPRETED BY**

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

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 measurable mild eccentric insufficiency. The left ventricle presented thicknesses with linear contour and was not dilated nor restricted. Potential for subtle LV pseudohypertrophy potentially owing to diuretic therapy assuming no evidence of hypertension. 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. Trace aortic insufficiency present on Doppler. 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 pleural 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**

ACC Flanders

**REFERRING VET**

Dr. Weagley

**INVOICE**

11908ag

**ULTRASONOGRAPHIC FINDINGS**

- Static compensated chronic mitral valve disease (ACVIM B1)
- Trace aortic insufficiency

**DATE**

10/18/2022

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



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No overt evidence of significant progression secondary to mitral valve insufficiency compared to the previous study. No overt indication for cardiac medications including diuretic therapy unless clinical concern for cardiogenic pulmonary edema. The cardiac presentation continues to indicate that the lower respiratory signs in this patient are non-cardiogenic in origin without clinical issues such as LV systolic dysfunction or evidence of clinical pulmonary hypertension. Recheck echocardiogram recommended in 6-12 months, sooner if clinical signs consistent with left sided heart disease arise.

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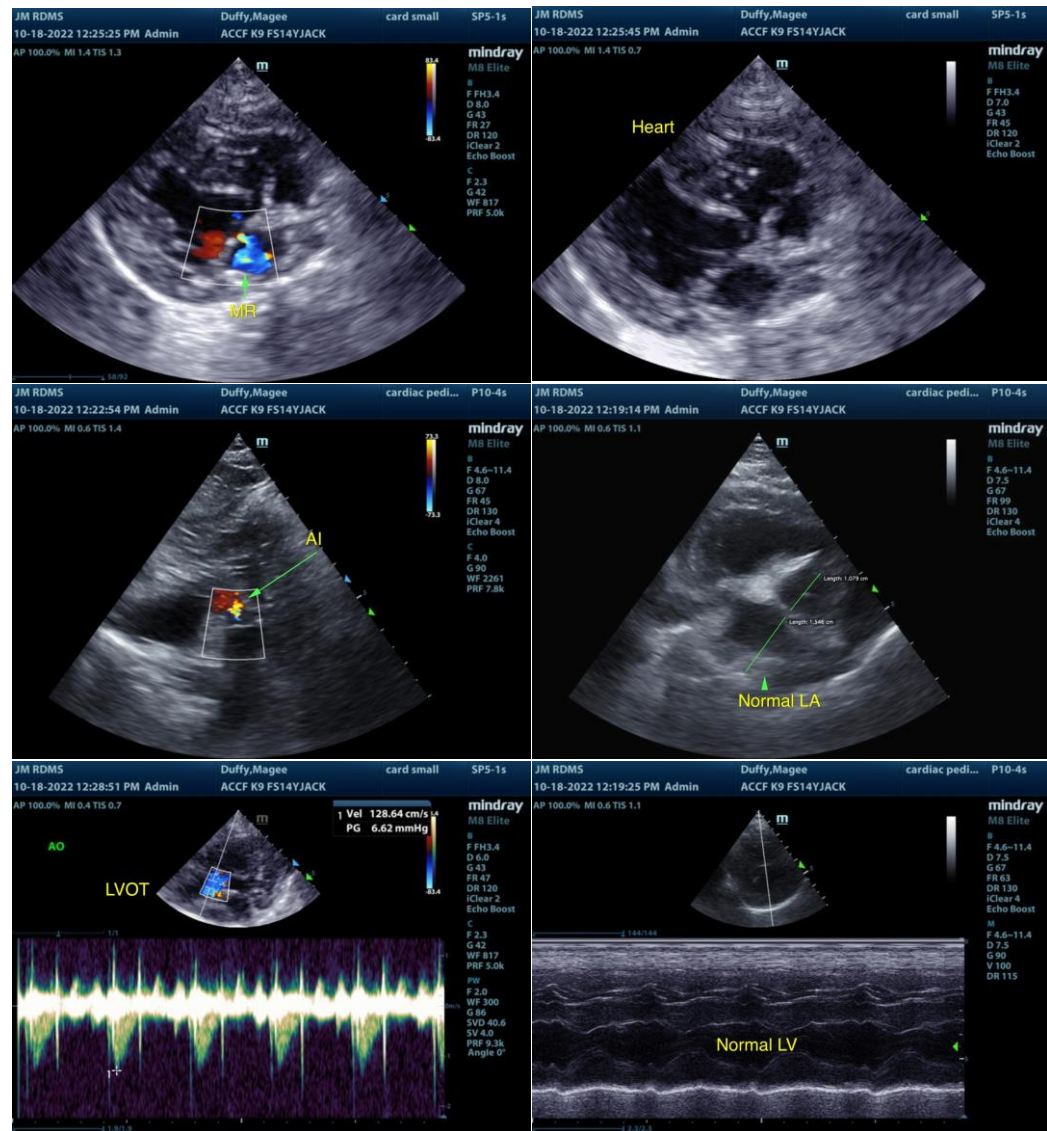
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



**PATIENT**

info@SonoPath.com

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