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Clinical Sonography & Telecytology
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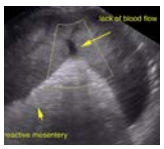
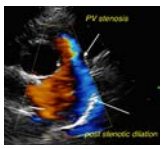
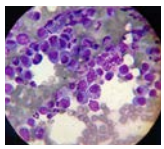
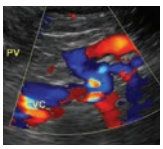

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1-800-838-4268 info@sonopath.com

PATIENT

Barnum Diamond

SPECIES

Canine

BREED

Brussels Griffon

SEX

Neutered Male

AGE

13 Years

WEIGHT

N/A

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Advanced Vet Care

REFERRING VET

Dr. Weingartner

INVOICE

26617

DATE

10/25/21

PRESENTING CLINICAL SIGNS

recheck from US 1/3/21

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			NM	1.2	45.9	80.8	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	212	1.0	0.9		1.65	1.72	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Left ventricle chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated eccentric insufficiency. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without evidence of significant fibrotic or ischemic disease with mild myocardial remodeling. **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 static mild increased size with overall normal structure and content and without evidence of masses or chamber overload. **Tricuspid** valvular assessment demonstrated concurrent vegetative thickening with mild leaflet prolapse and insufficiency noted on color doppler assessment. The **right ventricle** exhibited mild increased size compared to the left ventricle. Normal myocardial echogenicity and subjective 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. No echographically detectable evidence of infiltrative disease. The cranial mediastinum and pericardial regions were free of masses in the visible window. Consistent tachyarrhythmia was present. Sonographic assessment of the liver revealed subtle evidence of subjective hepatic vasculature dilation, yet without overt hepatomegaly or evidence of cranial abdominal ascites.

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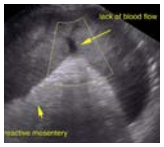
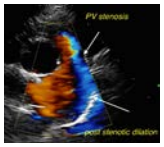
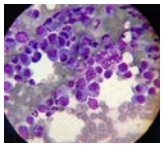
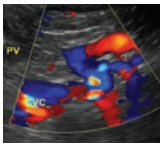

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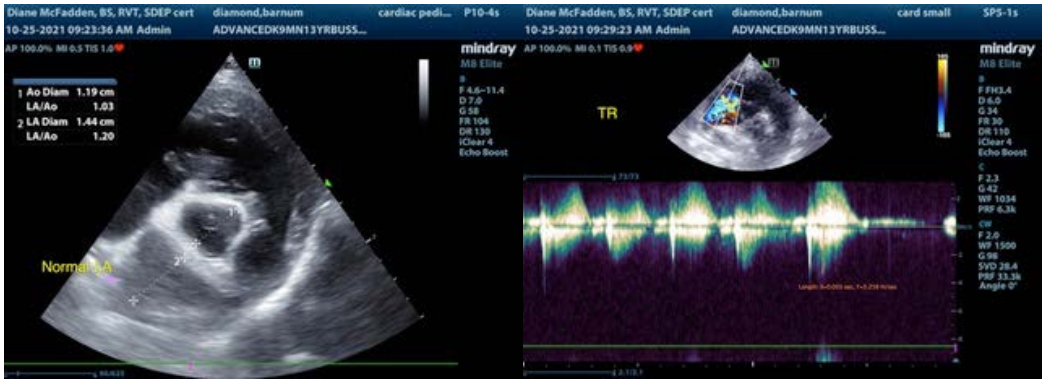
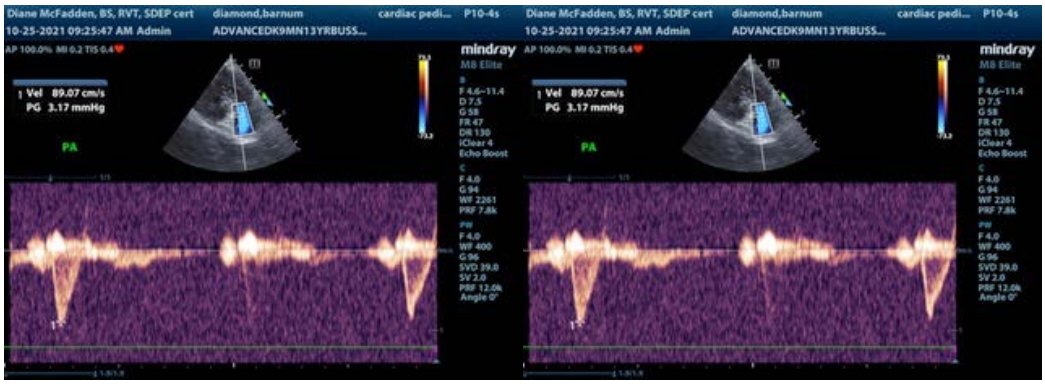
ULTRASONOGRAPHIC FINDINGS

- Static mild RA/RV enlargement
- Tricuspid valve thickening with insufficiency – estimated pulmonary pressure gradient consistent with mild increased pulmonary pressures.
- Compensated mitral valve insufficiency with normal LA/LV

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall static presentation of the heart compared to the previous study with persistent mild RA/RV enlargement with tricuspid valve insufficiency, suggestive of mild elevated pulmonary pressure. No evidence of left heart volume overload. No evidence of congestive right heart failure. No current Sildenafil and/or possible weaning of Sildenafil with assessment of clinical response or clinical signs associated with pulmonary hypertension may be considered. ECG assessment (if not recently done) is suggested with cardiologist interpretation. Recheck echo suggested in 6 moths to assess for progressive RA/RV enlargement, sooner if clinical signs consistent with right heart disease are noted.





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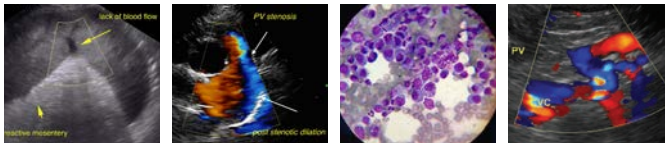

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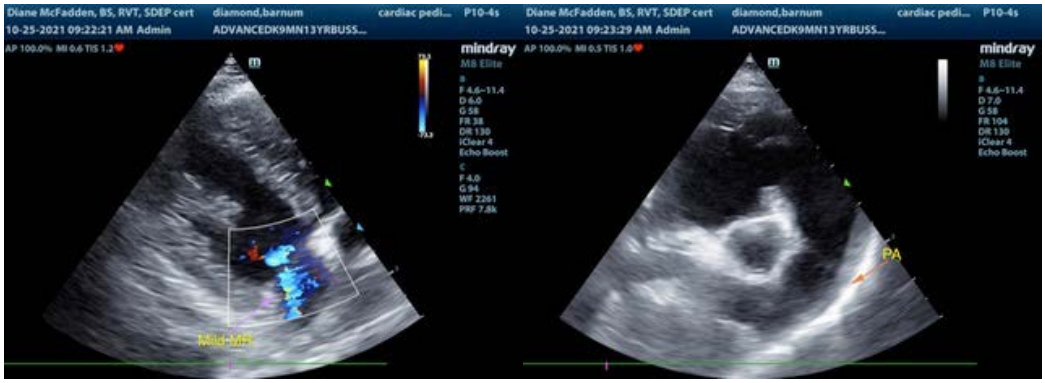

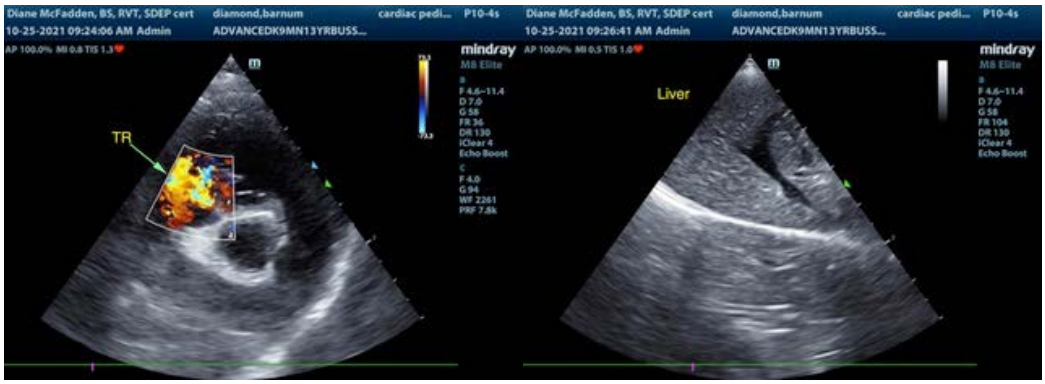

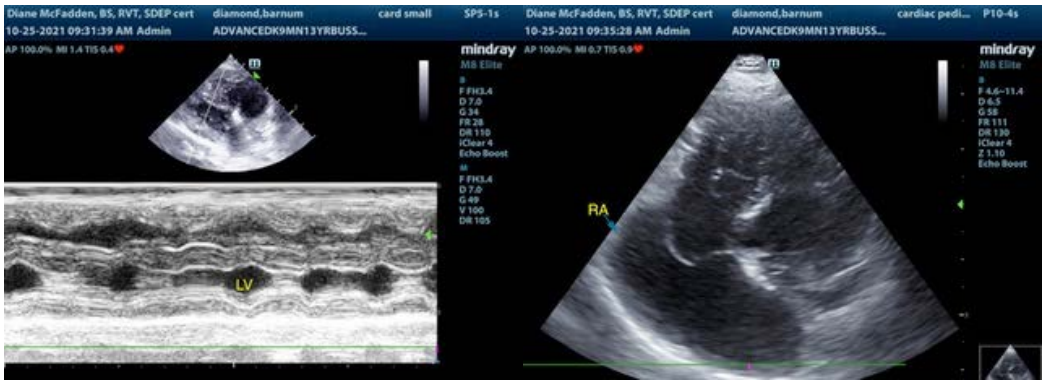

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com