



PATIENT

Bailey Bryant

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

15 years

WEIGHT

12 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Lovell

INVOICE

12447

DATE

10/26/21

PRESENTING CLINICAL SIGNS

CHF (left side) diagnosed approx. 1 wk ago. Syncopal episodes. Rads showed left atrial enlargement peripheral edema. Clinically improved on meds. Current meds: Lasix, Benazepril, Vetmedin
Abnormal PE/Chem/CBC/UA Results: WNL

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	5.9 m/s	2.9 m/s	NM	1.6	61.5	95.2	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	BELOW	BELOW	BELOW	BELOW
PATIENT	162	1.2	0.85		3.2	2.7	

Cardiac Presentation

The echocardiogram in this patient demonstrated moderately enlarged **left atrial** size based on 3 different LA measurement methods. Mild subjective horizontal component to the left atrium enlargement was present. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis most prominent in the septal mitral valve leaflet with concurrent leaflet prolapse. No evidence of chordae tendineae rupture was noted. Doppler indicated measurable eccentric insufficiency. The **left ventricle** presented thicknesses with linear contour with mild increased left ventricle volume. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was mildly increased, often seen with mitral valve insufficiency 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 mild vegetative thickening with mild 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

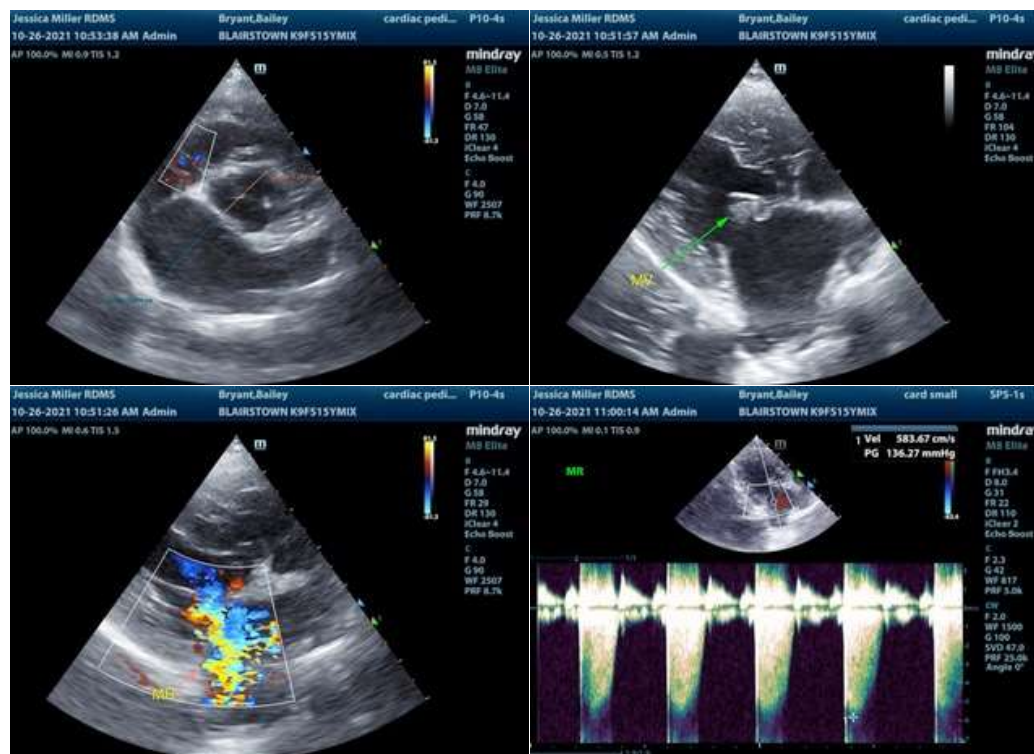
Primary Findings

- Chronic mitral valve disease (ACVIM B2 to possible C)
- Mitral valve septal leaflet prolapse
- Tricuspid valve insufficiency - estimated pulmonary pressure gradient (approximately 33 mmHg) consistent with mild elevated pulmonary pressure

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The moderate left atrium enlargement, as well as mild left ventricle increased volume, indicate that the risk of current and future complication is elevated with potential for current clinical signs.

Given the cardiac presentation and positive response to medication, continued Triple Therapy with monitoring of renal parameters and systemic blood pressure would be appropriate. ECG assessment is recommended to assess for arrhythmogenic disease, yet no evidence of arrhythmogenic disease was present in this study. The potential for peroxisomal arrhythmia cannot be excluded. Baseline monitoring of resting respiration rate is recommended. Omega 3 Fatty Acids and mild salt restriction may prove beneficial. Recheck echocardiogram is suggested in 6 months, sooner if continued clinical signs consistent with heart disease develop. The degree of elevated pulmonary pressure was not overtly consistent with clinical pulmonary hypertension.





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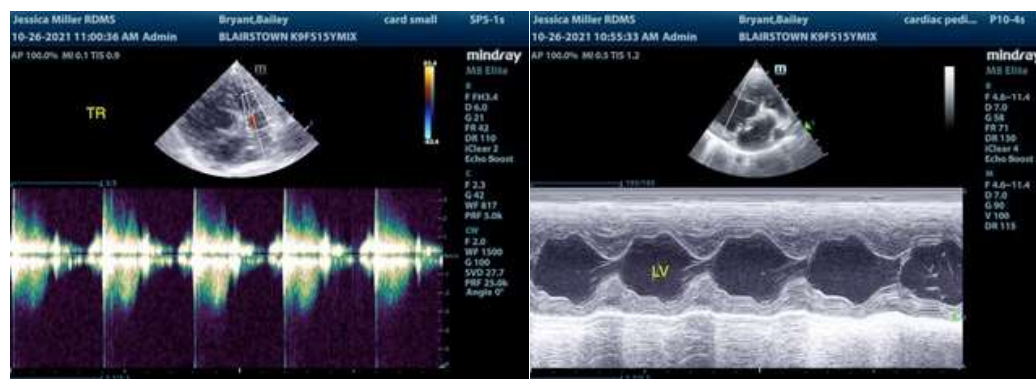
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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