



## PATIENT

Jolie Blanz

## SPECIES

Canine

## BREED

Bichon

## SEX

Female Spayed

## AGE

13 yo

## WEIGHT

25 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Elaina Petrone

## HOSPITAL NAME

Long Branch AH

## REFERRING VET

Dr. Elaina Petrone

## INVOICE

15085

## DATE

10/5/22

## PRESENTING CLINICAL SIGNS

13 yo FS Bichon, currently on Pimobendan 2.5mg PO Q12. LA:AO 10/6/2021 (prior to starting pimo): 1.6 LA:AO 1.34; LA diameter: 2.40 cm, LV diameter: 3.61 cm

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
<b>CARDIAC PARAMETERS</b>	<b>VMAX</b> (m/s)	<b>VMAX</b> (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
<b>PATIENT</b>	5.3	2.5		1.5	37.5	71	0.26
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
<b>CARDIAC PARAMETERS</b>	(BPM)	<b>VMAX</b> (m/s)	<b>MAX</b> (m/s)	(kg)	2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	NM				3.6	3.2	

## Cardiac Presentation

The echocardiogram in this patient demonstrated mildly enlarged **left atrial** size based on 2 different LA measurement methods. 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 maintained linear contour with static 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 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 concurrent mild thickening with mild TR 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.



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## ULTRASONOGRAPHIC FINDINGS

- Static chronic mitral valve disease (ACVIM B2)
- Mild TR - Estimated pulmonary pressure gradient, approximately 25 mm Hg MAX (Suggestive of minor increased pulmonary pressure, yet not consistent with clinical pulmonary hypertension)

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on LA/AO, as well as diastolic left ventricle diameter measurements, the heart appears to be static compared to the previous ultrasound without evidence of significant progression. Continued Pimobendan 0.3 mg/kg PO BID is recommended. No overt indication for the addition of diuretic therapy, unless evidence of increased resting respiration rate or cardiogenic pulmonary edema, which is not expected given this presentation. No indication for ACE inhibitor therapy unless systemic BP >130 (not advised if BP <130). No evidence of additional clinical issues such as LV systolic dysfunction or clinical pulmonary hypertension. The static yet mild left atrium enlargement indicates that the continued risk for complication is mildly elevated and serial sonographic monitoring is recommended for further assessment. Recheck echocardiogram is recommended in 4-6 months, sooner if clinical signs arise.

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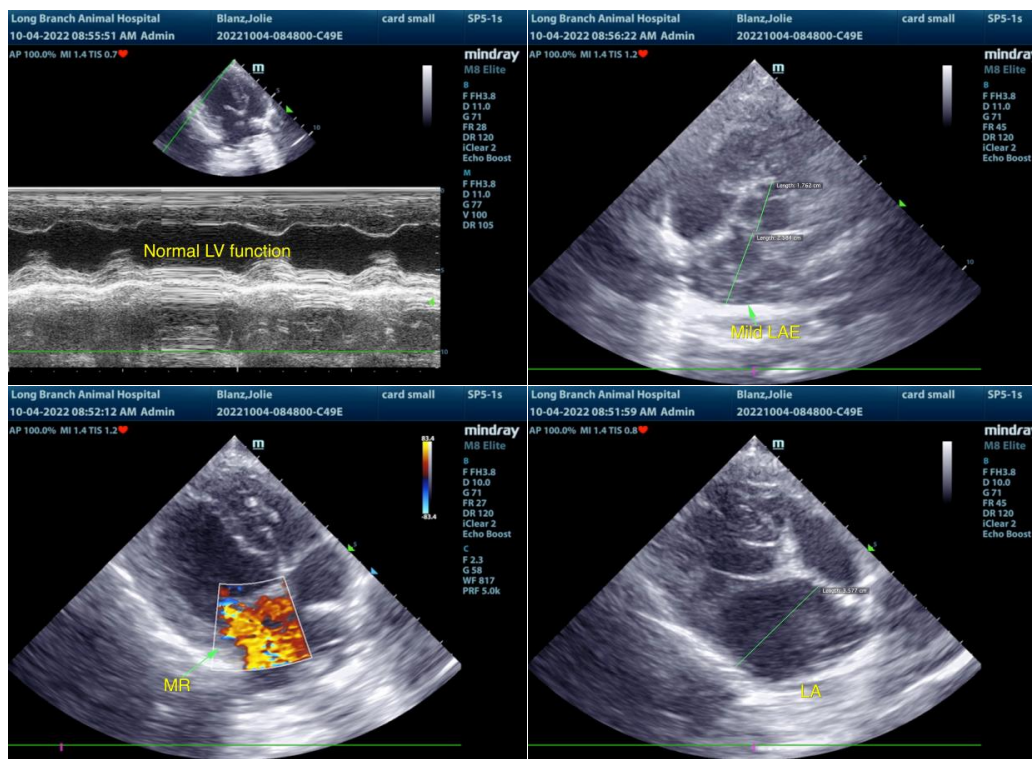
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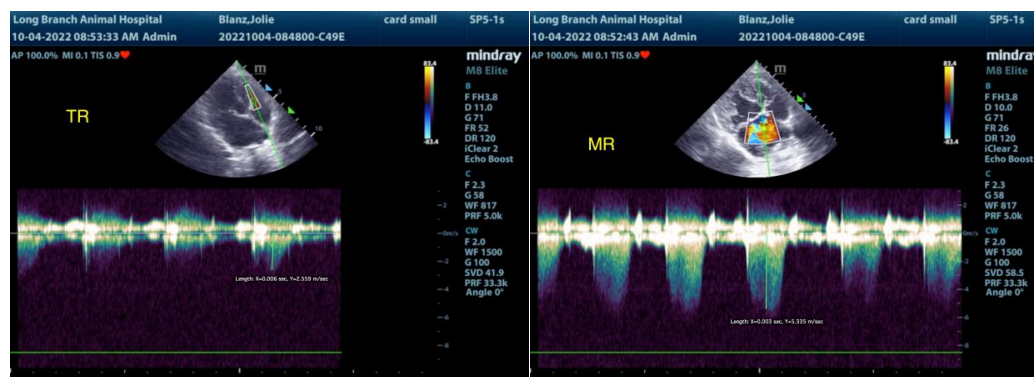
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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