



PATIENT

Brady Conzew

SPECIES

Canine

BREED

Hound Mix

SEX

MN

AGE

8 yrs

WEIGHT

36 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Blairstown AH

REFERRING VET

Dr. Lovell

INVOICE

15106

DATE

10/6/22

PRESENTING CLINICAL SIGNS

Grade III/VI apical systolic murmur, non clinical. No current meds.

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	<1.3	28-40	40-100	<0.6
PATIENT	5.2	<2.0	1.3	1.3	36.8	70.1	0.4
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	132	1.2	0.7		3.8	3.8	

Cardiac Presentation

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 minor vegetative thickening consistent with mild endocardiosis. Doppler indicated measurable eccentric mitral valve insufficiency. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. Trace aortic insufficiency was present on Doppler. 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 adequate linear morphology. Mild TR was 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). Trace pulmonic insufficiency was present on Doppler. 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

- Chronic mitral valve disease (ACVIM B1)
- Mild TR
- Trace Aortic and pulmonic insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is consistent with mild chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The lack of left atrium enlargement indicates that the current and future risk of complication is low. No other clinical issues such as LV systolic dysfunction, DCM criteria, or evidence of clinical pulmonary hypertension were present.

In a nonclinical patient without evidence of chamber enlargement, cardiac medications are not indicated. However, the prognosis at this stage is highly variable, and serial sonographic monitoring is required for further assessment. Systemic BP is suggested given the presence of trace aortic insufficiency. A recheck echocardiogram is recommended in 6 months, sooner if clinical signs arise. No anesthetic contraindications if anesthesia is required.

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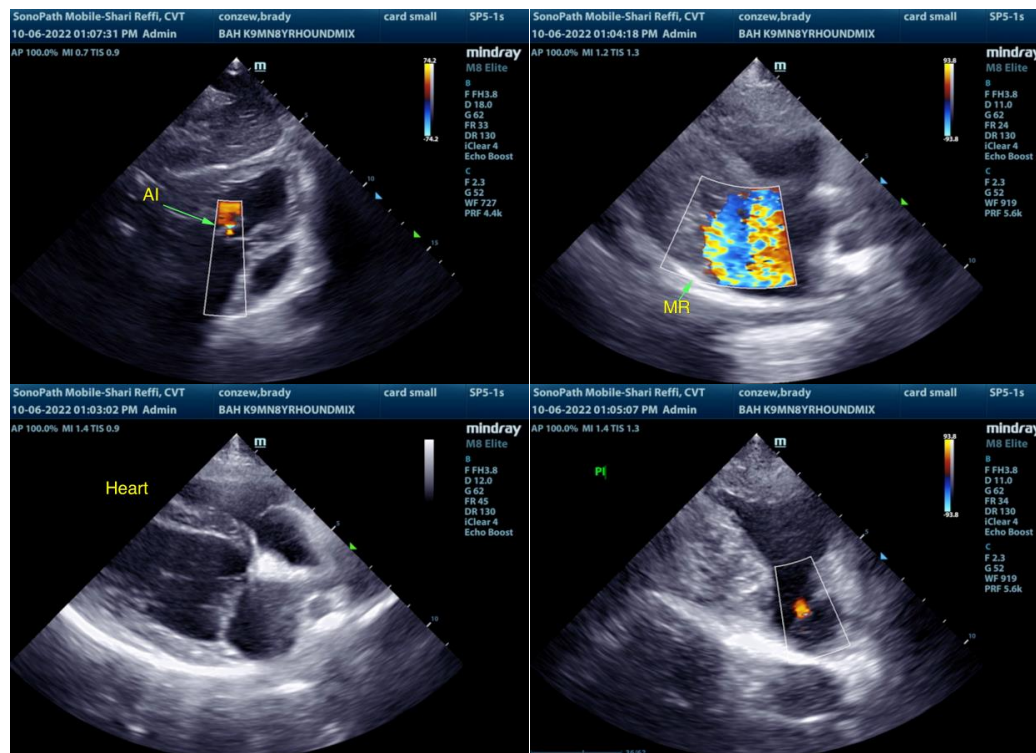
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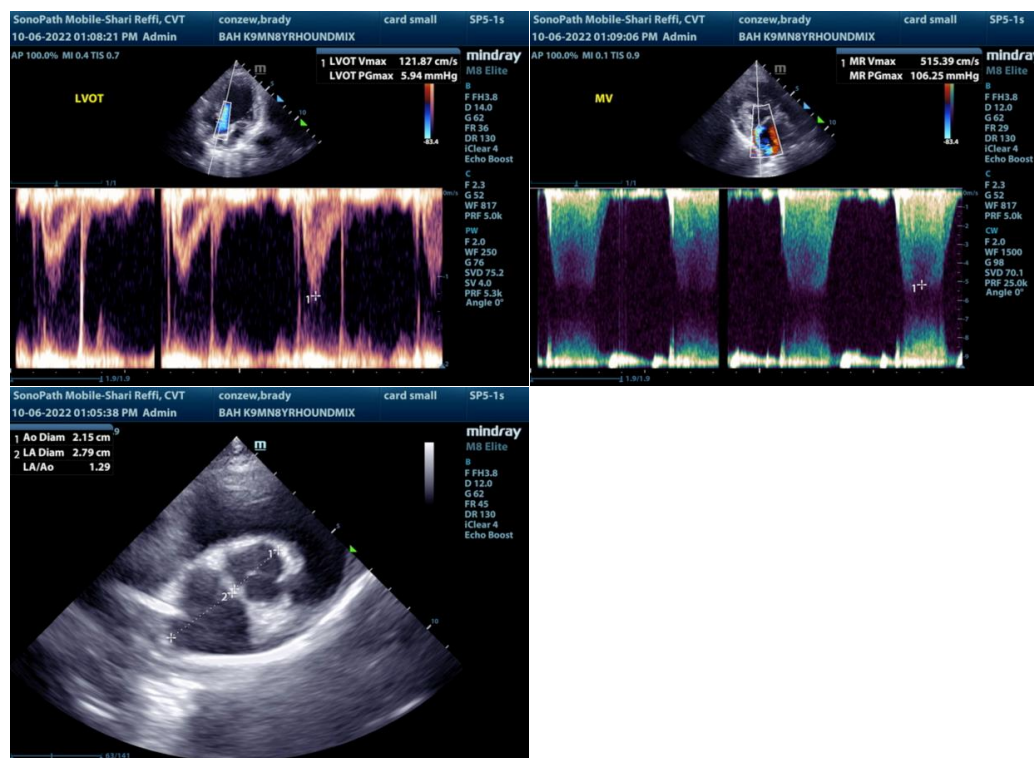
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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