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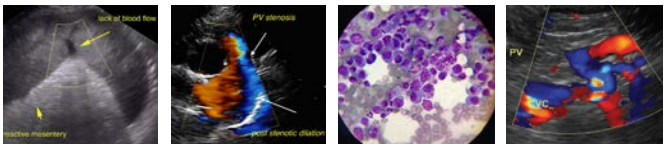

PATIENT
Brett Pritchard

SPECIES
Canine

BREED
Miniature Poodle

SEX
Male

AGE
13 Years

WEIGHT
15 Pounds

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

IMAGING PERFORMED BY
Kim Liedberg

HOSPITAL NAME
SVS Imaging Texas

REFERRING VET
Dr. Milne

INVOICE
26161

DATE
10/9/21

PRESENTING CLINICAL SIGNS

recent history of collapsing episodes. Starting on 10//6/2021. Heart murmur 4-5/6 noted. Baseline echo recommended.
Abnormal PE/Chem/CBC/UA Results: ALP 425

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	6.4	1.5	NM	1.2	46.8	80.4	0.27
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	113	1.3	1.0		2.8	2.4	

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 vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. 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. 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.

No evidence of arrhythmogenic disease.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B1)
- Tricuspid valve insufficiency – estimated pulmonary pressure gradient (<20 mmHg) not consistent with clinical pulmonary hypertension.

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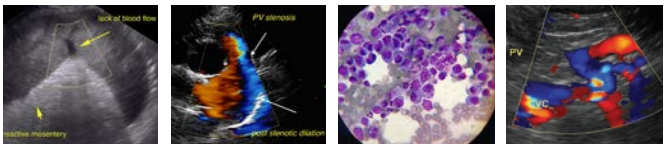

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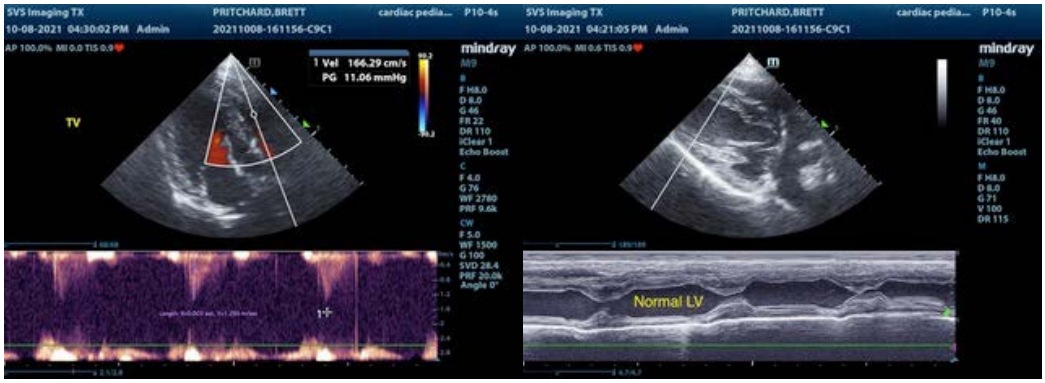
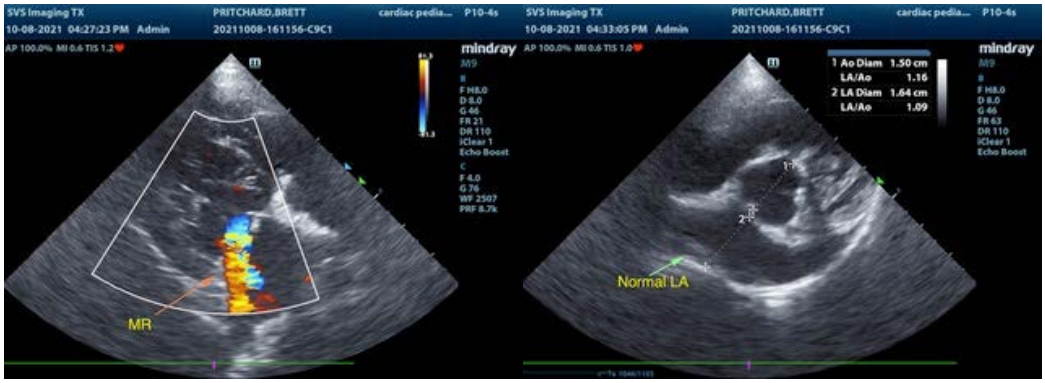
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is secondary to chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The lack of left atrial enlargement at this time indicates that the risk of future complication is low. No other clinical issues such as systolic dysfunction or evidence of clinical pulmonary hypertension were noted. Given these findings, an obvious cardiogenic cause of the patient's clinical signs including collapsing episodes was not overtly evident.

Potential for a paroxysmal arrhythmia cannot be definitively excluded. No indication for cardiac medications. ECG assessment or potential holter monitor may be indicated if collapsing episodes continue. Assessment of systemic blood pressure recommended given the elevated mitral valve insufficiency velocity (>6 m/sec). Recheck echocardiogram recommended in 6 months to assess for evidence of progression, sooner if clinical signs (increased resting respiration rate, etc.) suggestive of heart disease are noted.





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)
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