



PATIENT

Remy Sharp

SPECIES

Canine

PRESENTING CLINICAL SIGNS

Presented 10/28/21 with progressive cough. Rads revealed mild hilar edema, cardiomegaly w/ pinching and elevation of trachea. G 4-5/6 systolic murmur over mitral. Placed on Lasix until echo. Current meds: Lasix 2.2mg/kg BID

Abnormal PE/Chem/CBC/UA Results: BUN increased, normal creat.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Chihuahua

SEX

MN

AGE

13 Years

WEIGHT

N/A

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.2 m/s	1.5 m/s	--	1.6	52	90	0.15
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (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)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	170	1.2	1.2		2.16	2.1	

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Midland Park VH

REFERRING VET

Dr. Shokoff

INVOICE

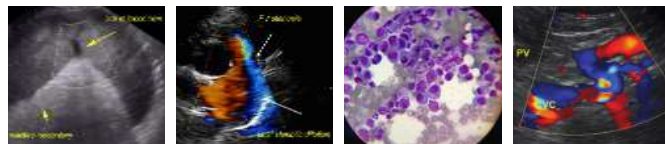
48119

DATE

11-1-21

Cardiac Presentation

The echocardiogram in this patient demonstrated mild enlarged **left atrial** size based on 3 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis with mild valvular prolapse. Doppler indicated measurable eccentric 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 mild concurrent 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

- Chronic mitral valve disease (ACVIM mild b2)
- Mild mitral valve prolapse, no indication of chordae tendineae rupture.
- Mild tricuspid valve insufficiency - estimated pulmonary pressure gradient not consistent with clinical pulmonary hypertension.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Chihuahua

The mild left atrium enlargement indicates that the risk of future complication is elevated yet prognosis at this stage is highly variable. The degree of left atrium enlargement as well as lack of significant left heart volume overload, systolic dysfunction, or evidence of clinical pulmonary hypertension were not overly consistent with cardiogenic cough or cardiogenic perihilar edema. This may suggest that the progressive cough in this patient is primarily secondary to primary lower airway disease. Having said that, assessment of clinical response as well as monitoring of thoracic radiographs on current Lasix protocol would be appropriate. No overt indication for pump support such as Pimobendan at this time.

SEX

MN

As needed respiratory support recommended. Serial sonographic monitoring for evidence of progression is recommended with initial recheck echo in 6 months or sooner if clinical signs such as exercise intolerance, syncope, or increased resting respiration rate are noted.

AGE

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WEIGHT

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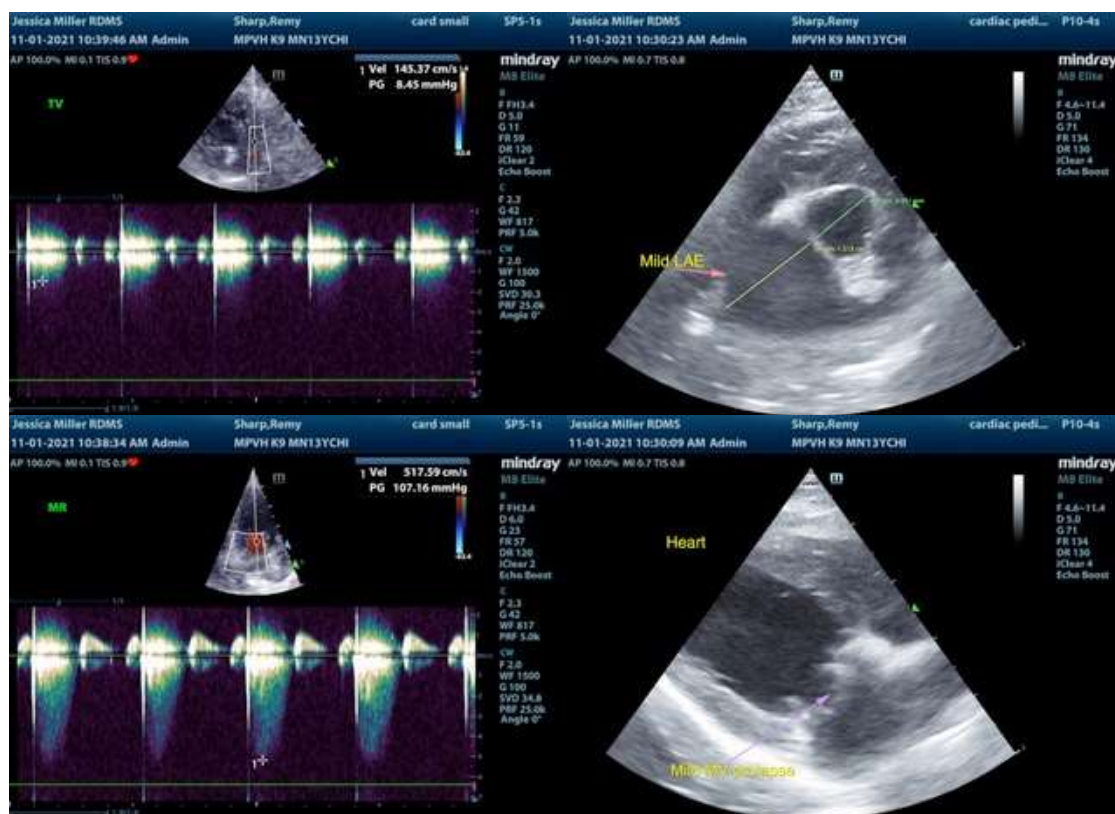
Dr. Shokoff

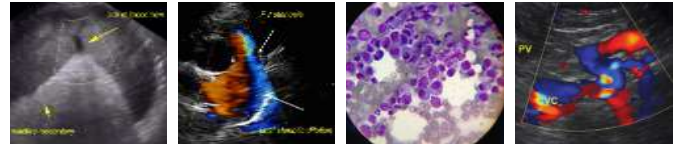
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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