

**PATIENT**

Trenea Mayr

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

10.3 Pounds

**PRESENTING CLINICAL SIGNS**

Trenea has had episodes of wobbling and disorientation for about 1 month. Went to ER and was put on Antibiotics and prednisone. Some improvement, occasional shaking and wobbling has now continued. Diagnosed with 1-2/6 heart murmur earlier this year. Are any heart medications needed?  
Abnormal PE/Chem/CBC/UA Results: Elevated kidney values, phos, BNP 5141

**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			NM	1.4	50	85	0.17
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	134	1.1	0.86		2.8	2.7	

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kim Liedberg

**HOSPITAL NAME**

SVS Imaging WI

**REFERRING VET**

Dr. Miller

**INVOICE**

26771

**DATE**

11/2/21

**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.

**ULTRASONOGRAPHIC FINDINGS**

- Chronic mitral valve disease (ACVIM B1)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recheck echocardiogram suggested in 6 months, sooner if clinical signs suggestive of heart disease (i.e., elevated resting respiration rate, exercise intolerance, etc.) are noted.



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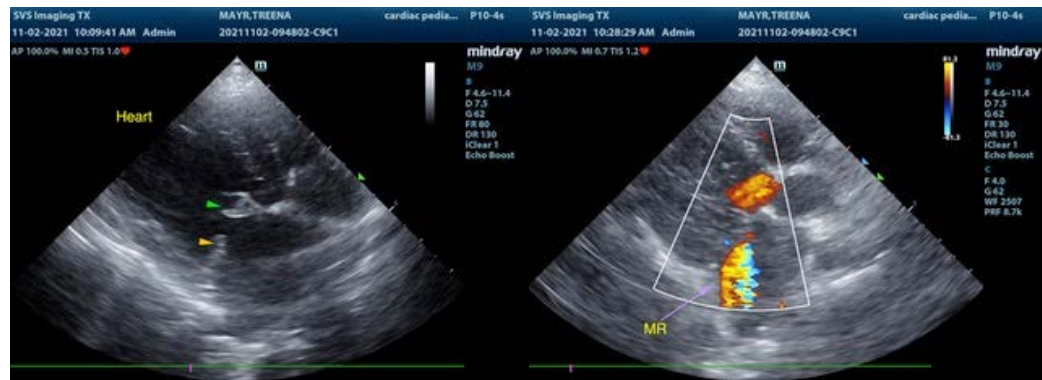
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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