



PATIENT

Romeo Acevedo

SPECIES

Canine

BREED

Maltese

SEX

MN

AGE

12 years

WEIGHT

4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Summit Dog and Cat
Hospital

REFERRING VET

Dr. Vogler

INVOICE

15321

DATE

11/2/22

PRESENTING CLINICAL SIGNS

Increased HR, Panting, Agitation. No current meds.

Abnormal PE/Chem/CBC/UA Results: None

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	<1.3	28-40	40-100	<0.6
PATIENT	5.3			1.3	44	80	0.1
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				
PATIENT	157	1.0	0.8		1.9	1.8	

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 thickening consistent with endocardiosis. No evidence of valvular prolapse. Doppler indicated measurable mild to moderate 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. Normal measured LVOT velocity with aortic insufficiency was noted, measuring approximately 3.0 m/s velocity. 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). Normal measured RVOT velocity was noted. 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)
- Aortic insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of left atrium enlargement or left heart volume overload indicates that the current and future risk of complication secondary to mitral valve insufficiency is relatively low. No other clinical issues such as LV systolic dysfunction or clinical pulmonary hypertension were present. No anticipated clinical signs secondary to heart disease given this presentation. No indication for cardiac medications at this stage.

Assessment of systemic blood pressure is recommended, given the presence of aortic insufficiency. Full abdominal ultrasound and/or thorough muscular/ skeletal examination could be considered to assess for abnormalities that may result in the patient's clinical signs or if documented systemic hypertension. Serial sonographic monitoring is required for further assessment. Recheck echocardiogram is recommended in 6 months, sooner if clinical signs consistent with heart disease arise.

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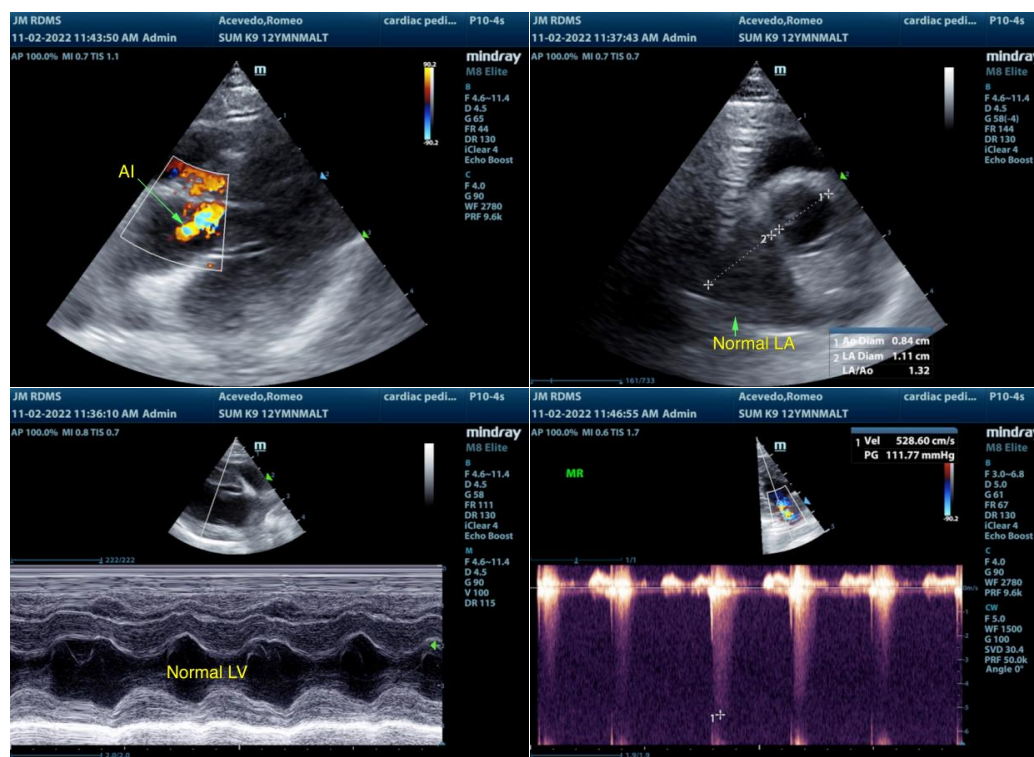
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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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info@SonoPath.com

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