


PATIENT

Pepsea Watkins

PRESENTING CLINICAL SIGNS

Irregular EKG, new bradycardia, no other symptoms. Current meds: Proin, SAME LQ, thyroxine 0.5 mgs SID. No hx of grain free/boutique diet.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Alk. Phos. 179.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED	CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
Portuguese Water Dog	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
	PATIENT		<2.0		1.23	28.1	55	0.45
SEX	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)
FS								
AGE								
13yr								
WEIGHT	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
44lb	PATIENT	87	1.0	0.7		3.5	3.2	

INTERPRETED BY

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

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 3 separate methods of LA evaluation. The cranial and caudal mitral valve leaflets presented minor thickening with normal extension in systole, and union in diastole with overall normal kinesis. Mild centralized MR was present on Doppler. 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 mildly subnormal as 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. Trace aortic insufficiency present on Doppler. The right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated adequate linear morphology and kinesis. Mild TR present on Doppler. The right ventricle was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Pulmonary outflow 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. The cranial mediastinum and pericardial and extra-cardiac regions were free of masses in the visible window. Mild bradycardia was noted.

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

 Companion AH
 Parsippany

REFERRING VET

Dr. Tsai

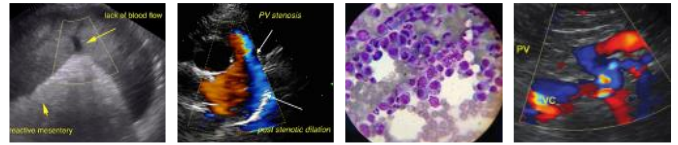
ULTRASONOGRAPHIC FINDINGS
INVOICE

12289ag

DATE

11/28/2022

- Overtly normal cardiac structure with mild LV hypocontractility-DCM criteria was not met
- Mild centralized MR
- Minor TR
- Trace aortic insufficiency
- Mild bradycardia



PATIENT

Pepsea Watkins

SPECIES

Canine

BREED

Portuguese Water Dog

SEX

FS

AGE

13yr

WEIGHT

44lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Companion AH
Parsippany

REFERRING VET

Dr. Tsai

INVOICE

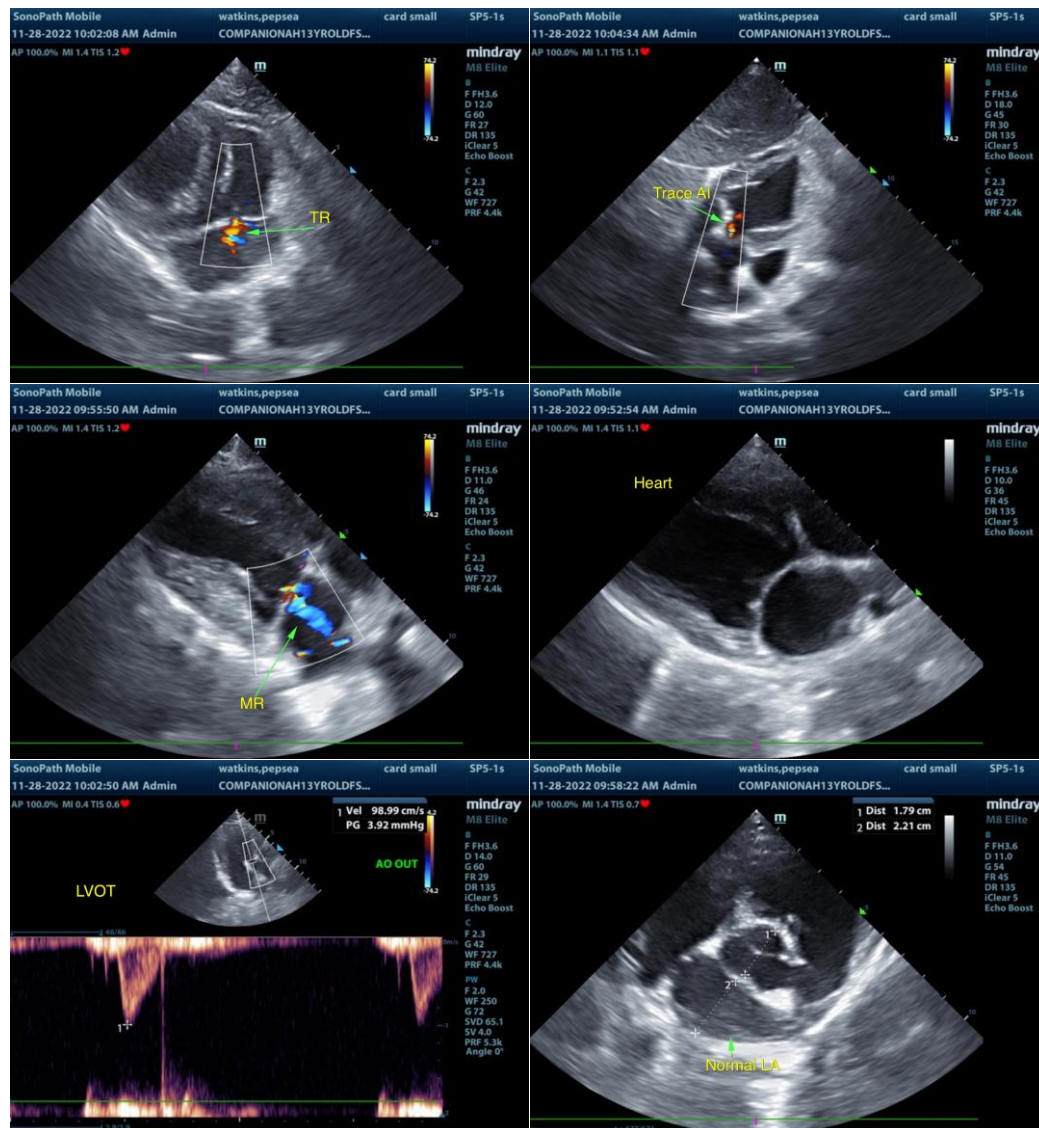
12289ag

DATE

11/28/2022

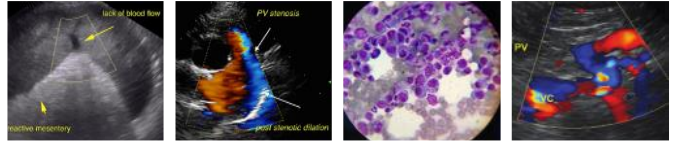
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac presentation may indicate patient/age related variant although systemic disease or hypothyroidism could be considered if clinically indicated. Given the lack of left or right heart chamber enlargement the heart appears to be compensated at this stage. In conjunction with no reported clinical signs, there is no overt indication for cardiac medications. Assessment of T4 levels if not done as well as abdominal ultrasound to assess for systemic disease which may result in this type of cardiac presentation may be considered. A cardiology ECG consult is suggested. Prognosis is highly variable and serial sonographic monitoring is required for further prognosis. Recheck echocardiogram recommended in 4-6 months, sooner if clinical signs arise.



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



PATIENT

can be of any further assistance, please contact me.

Pepsea Watkins

SPECIES

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

mac.daniel@sonopath.com

Canine

BREED

Portuguese Water
Dog

SEX

FS

AGE

13yr

WEIGHT

44lb

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Companion AH
Parsippany

REFERRING VET

Dr. Tsai

INVOICE

12289ag

DATE

11/28/2022