



PATIENT PRESENTING CLINICAL SIGNS

Bogey Kretzner History: echo prior to CT for Epistaxis. recently diagnosed 3/6 murmur, non clinical. not on any meds. Abnormal PE/Chem/CBC/UA Results: wnl

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

13 Years

WEIGHT

45 Pounds

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	<1.3	28-40	40-100	<0.6
PATIENT	5.1	--	NM	1.7	39	69.5	0.25
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	170	1.4	1.0	--	6.0	4.4	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Clegg

INVOICE

18897

DATE

11/30/22

Cardiac Presentation

The echocardiogram for this patient presented moderate excessive **left atrial size** expressed both in the LA/AO and LA max measurements. Mild deviation of the intraatrial septum towards the right atrium suggested of increased left atrial pressure. The cranial and caudal **mitral** valve leaflets presented mild to moderate thickening consistent with endocardiosis. Doppler indicated measurable moderate eccentric insufficiency. The **left ventricle** presented thicknesses with linear contour with subjective minor increased left ventricle volume. 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 arrhythmia.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B-2)



PATIENT

- Moderate LA enlargement

Bogey Kretzner

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

The cause of the murmur is secondary to chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The degree of left atrium enlargement indicates that the current and future risk of complication is moderately elevated. No other clinical issues, such as LV systolic dysfunction or evidence of clinical pulmonary hypertension.

Canine

BREED

Pimobendan at 0.3 mg/kg PO BID is recommended. Anesthetic risk is considered mild to potential moderately elevated yet would be reduced once on Pimobendan for 3-5 days prior to anesthesia. Judicious IV fluid use under anesthesia is recommended, as this patient may be at increased risk for fluid overload. Prognosis at this stage is highly variable and serial sonographic monitoring is recommended. Recheck echocardiogram is suggested in 6 months or sooner if clinical signs arise. The following anesthetic protocol is suggested.

Australian Shepherd

SEX

Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.

Neutered Male

AGE

<https://www.antechdiagnostics.com/cadet-braf>

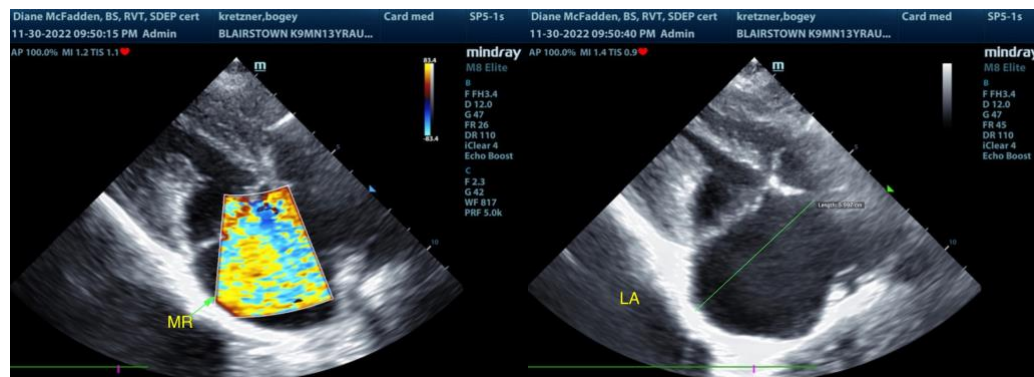
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Diane McFadden

HOSPITAL NAME

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.

Blairstown AH

REFERRING VET

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