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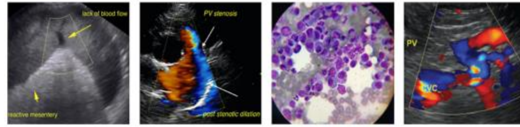

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Fomo Williams

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

2007

WEIGHT

6.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

New Britain VC

REFERRING VET

Dr. Bandekar

INVOICE

18908

DATE

11/30/22

PRESENTING CLINICAL SIGNS

History: 4/6 heart murmur, cough. Medication: Lasix 6.25mg BID

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	<1.3	28-40	40-100	<0.6
PATIENT	5.0	2.0	NM	1.6	56	88	0.2
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	164	--	1.4	--	2.4	2.25	--

Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements. The cranial and caudal **mitral** valve leaflets presented moderate thickening consistent with endocardiosis, more prominent in the septal leaflet. Potential for minor septal leaflet prolapse, although not definitive. Doppler indicated measurable moderate eccentric insufficiency. The **left ventricle** presented thicknesses with linear contour with subtle to minor increased LV 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 mild thickening with mild TR on doppler. 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 mild B-2)
- Mild TR- no evidence of clinical pulmonary hypertension

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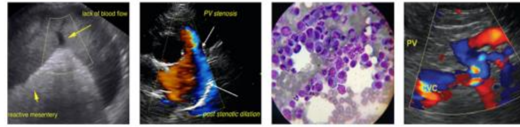

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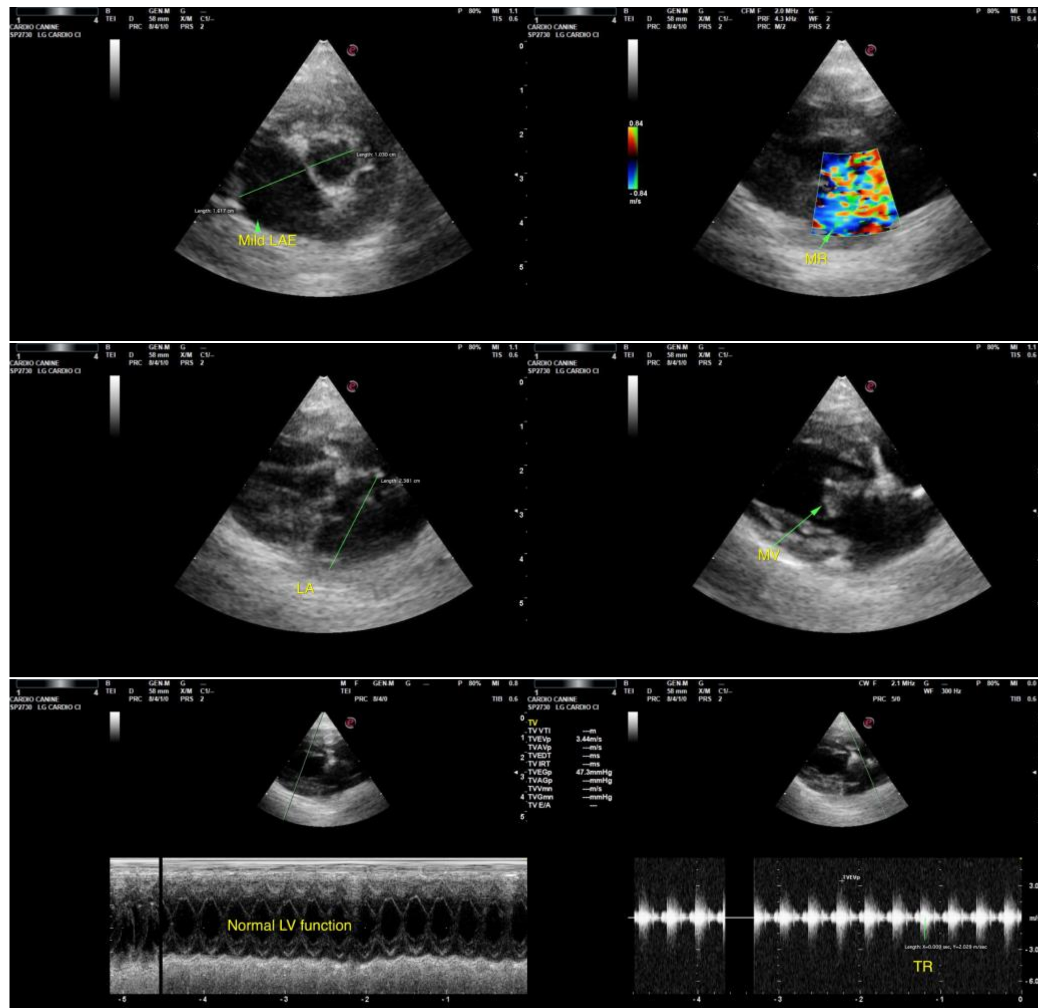
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild LA/LV enlargement indicate that the current and future risk of complications secondary to mitral valve insufficiency is mildly elevated, yet overall, the heart appears to be compensated. The coughing in this patient may be multifactorial, although the degree of left atrium enlargement was not overtly suggestive of definitive cardiogenic component to the cough. Pimobendan at 0.3 mg/kg PO BID is warranted at this stage. Diuretic therapy is only indicated if radiographic evidence of pulmonary edema. Antitussive Hydrocodone may be considered for quality of life. Potential for concurrent or primary lower airway disease is possible. Prognosis at this stage is highly variable and serial sonographic monitoring is recommended with initial recheck echocardiogram suggested in 6 months or sooner if clinical signs of left sided congestion arise or if coughing increases in frequency.



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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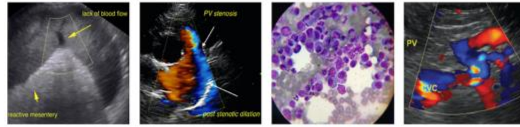

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