



## PATIENT

Jack Bracken

## SPECIES

Canine

## BREED

Terrier Mix

## SEX

Male Neutered

## AGE

13 Years

## WEIGHT

17 lbs

## PRESENTING CLINICAL SIGNS

Last echo performed (and read by Sonopath Dr. Blass) 1/18/2021. Stage 2b DMVD. Started on pimobendan 2.5 mg bid. Patient not clinical at this time. Pre-operative echo for a dental prophylaxis. Abnormal PE/Chem/CBC/UA Results: none reported

## 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		2.5	NM	1.56	44.6	80	0.26
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	BELOW	BELOW	BELOW	BELOW
PATIENT	NM	1.0	0.9		3.1	2.9	

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Meredith Swart

## HOSPITAL NAME

Swart Veterinary  
Imaging

## REFERRING VET

Meredith Swart

## INVOICE

48914

## DATE

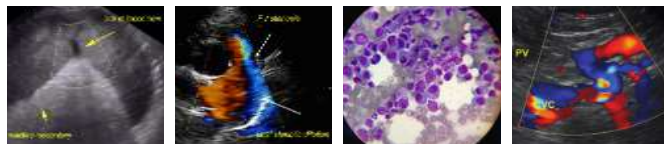
12-10-21

### Cardiac Presentation

The echocardiogram in this patient demonstrated mild to moderate increased **left atrial** size based on 2 different LA measurement methods. Minor deviation of the intraatrial septum towards the right atrium suggestive of mildly elevated left atrial pressure was present. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable 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. 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. Mild tricuspid valve insufficiency was present on Color Doppler assessment. 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 b2) - essentially static compared to the previous echocardiogram.



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- Mild to moderate left atrium enlargement.
- Tricuspid valve insufficiency - estimated pulmonary pressure gradient not consistent with clinical pulmonary hypertension.

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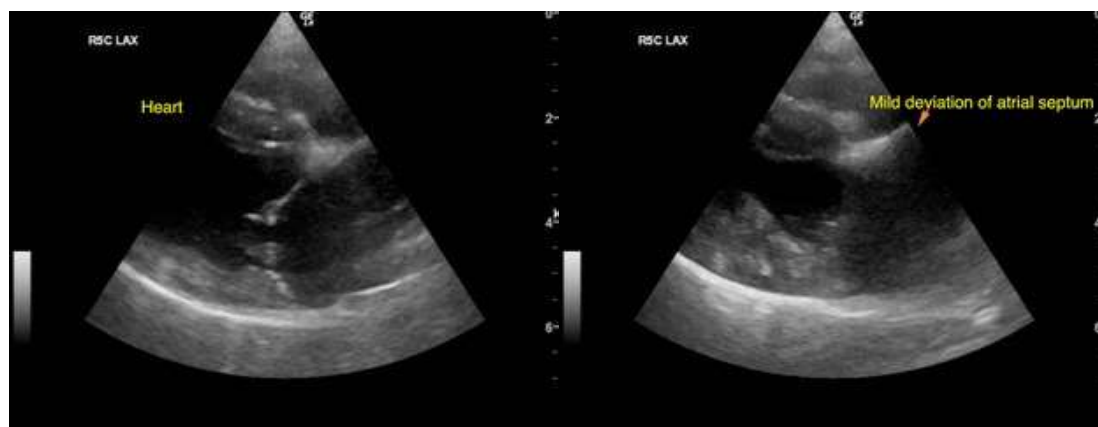
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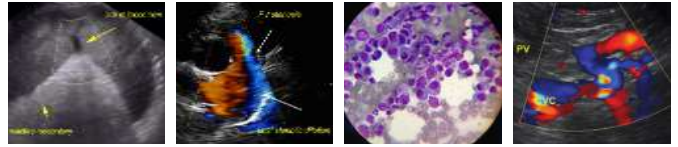
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant progression compared to the previous echocardiogram. The mild to moderate left atrium enlargement indicates that the risk of current and future complication is mildly elevated. However, the overall presentation of the heart continues to indicate static mitral valve disease. Anesthetic risk in this patient is considered mildly elevated yet not overtly contraindicated. This patient has an increased risk for fluid overload therefore, judicious IV fluid use under anesthesia is advised. Continued Pimobendan at current dose is recommended. Recheck echocardiogram suggested in 6 months or sooner if clinical signs suggestive of left sided heart disease (increased resting respiration rate, exercise intolerance, etc.) are noted.

The following anesthetic protocol is suggested:

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.





**PATIENT**

Jack Bracken

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.

**SPECIES**

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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