


PATIENT

Oscar Crandy

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

14yr

WEIGHT

18lb

PRESENTING CLINICAL SIGNS

Oscar is a fourteen year old, MN, Dachshund with a history of gradesevere chronic valvular disease and pericardial effusion. His last echo was on 6/1/22 and was read by Dr. Machen Lamy. Current meds are lasix 12.5 mg Q12 hours, spironolactone 12.5 mg Q12 hours, Enalapril 3.75 mg Q12 hours, Pimobendan 2.5 mg Q 12 hours. Blood pressure today was 169/121, 172/123, 171/123 ECG is attached as a pdf also

ULTRASONOGRAPHIC RECHECK 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			2.3	61	90	0.1
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	NM	1.3	0.75		4.5	3.8	

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

 Lambs Gap Animal
 Hospital

REFERRING VET

Dr. Todd

INVOICE

12416ag

DATE

12/15/2022

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. Doppler indicated measurable eccentric insufficiency. A mild previously noted leaflet prolapse was present. The left ventricle presented thicknesses with linear contour and moderate 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 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. No evidence of arrhythmia.

ULTRASONOGRAPHIC FINDINGS

- Static sever chronic mitral valve disease (ACVIM stage C)
- Mild TR-no overt suspicion of clinical pulmonary hypertension



PATIENT

Oscar Crandy

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

14yr

WEIGHT

18lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Dr. Todd

INVOICE

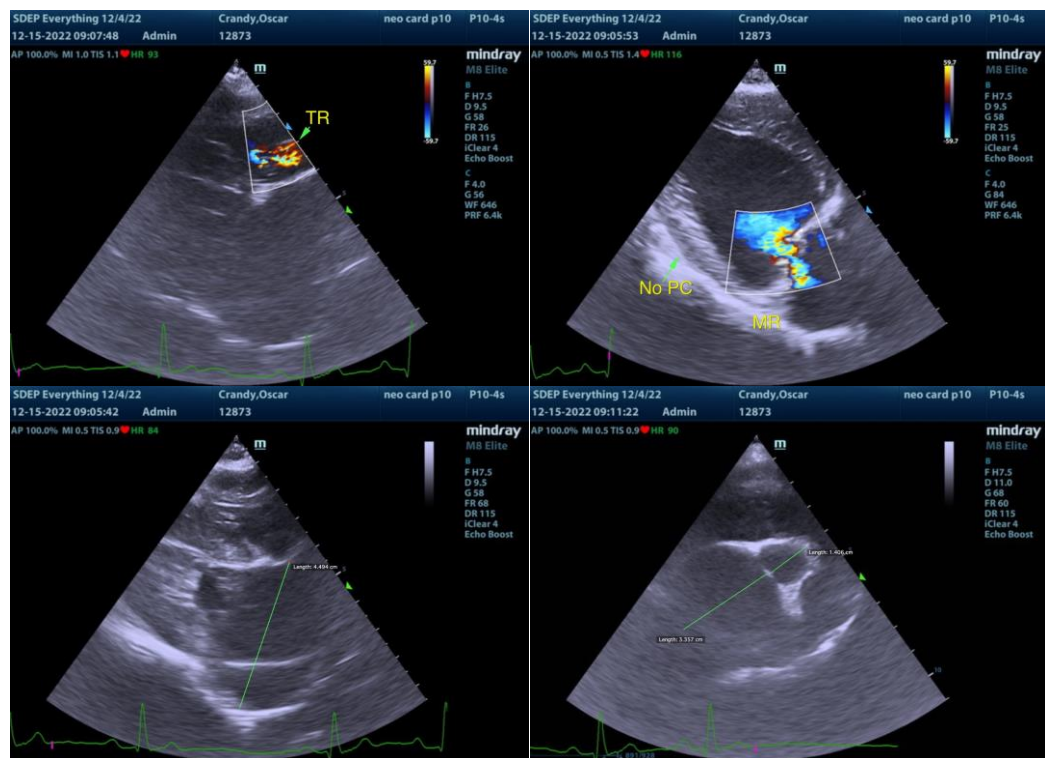
12416ag

DATE

12/15/2022

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall static cardiac presentation compared to previous echo in regards to LA/AO ratio with potential minor increased left ventricle volume, some degree of measurement variability is possible. No evidence of previously noted pericardial effusion or evidence of progressive/recurrent suspected LA tear. Continued current medication protocol with monitoring of systemic BP as well as baseline monitoring or resting respiration rate is recommended. Prognosis continues to be very guarded to poor long term. Continued exercise restriction is advised. Recheck echocardiogram suggested in 6 months, sooner if clinical signs i.e. increasing resting respiration rate, collapse, evidence of radiographic pulmonary edema etc. 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 can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com