

PATIENT PRESENTING CLINICAL SIGNS

Kuume Davis Was at kennel and upon return, had lost a substantial amount of weight and had kennel cough. On exam heard new grade 4/6 heart murmur. Has history of back pain, is on Gabapentin.
Abnormal PE/Chem/CBC/UA Results: Increased T. Protein and Globulin, CBC normal - inflammation?

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Rhodesian Ridgeback

SEX

Neutered Male

AGE

8 Years

WEIGHT

83.4 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	<1.6	28-40	40-100	<0.6
PATIENT	6.1	<2.0	NM	1.4	34	66.5	0.5
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	143	1.5	1.1		4.7	4.7	

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

The Maples AH

REFERRING VET

Dr. Kazienko

INVOICE

33502

DATE

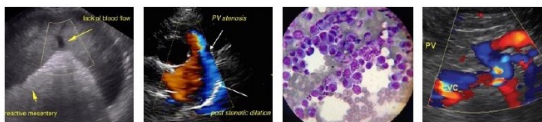
12/16/21

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented subtle vegetative thickening, suggestive of likely mild with endocardiosis. Doppler indicated measurable eccentric insufficiency. The **left ventricle** presented 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. 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

- Eccentric mitral valve insufficiency
- Normal left atrium size



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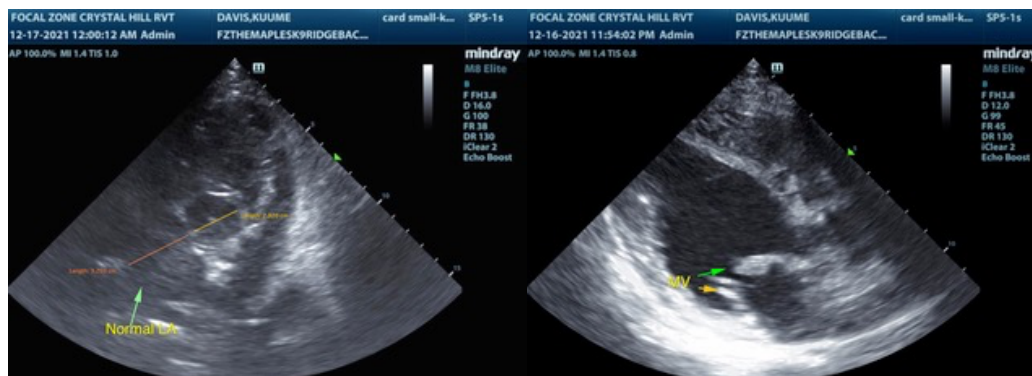
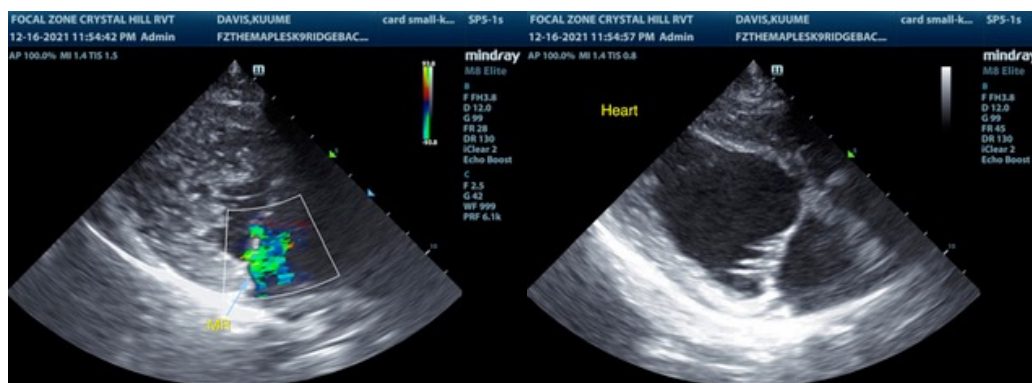
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is secondary to eccentric mitral valve insufficiency, suggestive of mild chronic mitral valve disease. No other clinical issues such as DCM-like criteria, systolic dysfunction, endocarditis, other overt valvular insufficiencies, or evidence of clinical pulmonary hypertension were present. The lack of significant left atrial enlargement indicates that the relative risk of complication is low. In a non-clinical patient without evidence of significant left atrial size, cardiac medications are not indicated. However, prognosis may be considered variable at this stage, and serial sonographic monitoring is indicated for further prognosis. Recheck echocardiogram suggested in 6 months, sooner if progressive murmur intensity or if clinical signs suggestive of heart disease are noted. Assessment of blood pressure recommended given the mildly elevated mitral insufficiency velocity.



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 it can be of any further assistance please contact me.

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