


**PATIENT**

Jack Bracken

**PRESENTING CLINICAL SIGNS**

Recheck of MMVD. Last echo was Dec 2021. Patient has been doing well, still no clinical signs reported. Patient still on pimo 2.5 mg bid.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: labwork being run today

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

BREED	CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
Terrier Mix								
SEX	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
MN	PATIENT		2.3		2.0	49	83	0.25
AGE	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)
14yr								
WEIGHT	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
13.5	PATIENT	NM	1.1	0.75		3.6	3.5	

**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**

12444ag

**DATE**

12/16/2022

**Cardiac Presentation**

The echocardiogram for this patient presented moderate to progressively increased left atrial size expressed both in the LA/AO and LA max measurements. Mild deviation of the interatrial septum towards the right atrium suggestive of mild increased left atrial pressure was noted. The cranial and caudal mitral valve leaflets presented moderate to marked thickening consistent with endocardiosis with mild valvular prolapse. Doppler indicated moderate eccentric insufficiency. The left ventricle presented thicknesses with linear contour and progressive increased 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**

- Progressive chronic mitral valve disease (ACVIM B2)
- Mild TR-no overt clinical pulmonary hypertension



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**BREED**

Terrier Mix

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The echocardiogram indicated progressive LA/LV enlargement compared to the previous study consistent with progressive chronic mitral valve disease. Given that the patient has no clinical signs, the heart appears to be compensated yet risk for complication is increased. Continued Pimobendan 0.3 mg/kg PO BID +/- weak diuretic such as Spironolactone 1-2 mg/kg PO BID is recommended. Close monitoring of resting respiration rate with potential thoracic radiographs to assess for pulmonary edema development if evidence of increased RR rate or exercise intolerance is noted. Prognosis is highly variable and serial sonographic monitoring is required for further prognosis. Recheck echocardiogram recommended in 4-6 months, sooner if clinical signs arise. Omega 3 fatty acid supplementation and mild salt restriction may prove beneficial.

**SEX**

MN

**AGE**

14yr

**WEIGHT**

13.5

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Swart Veterinary  
Imaging

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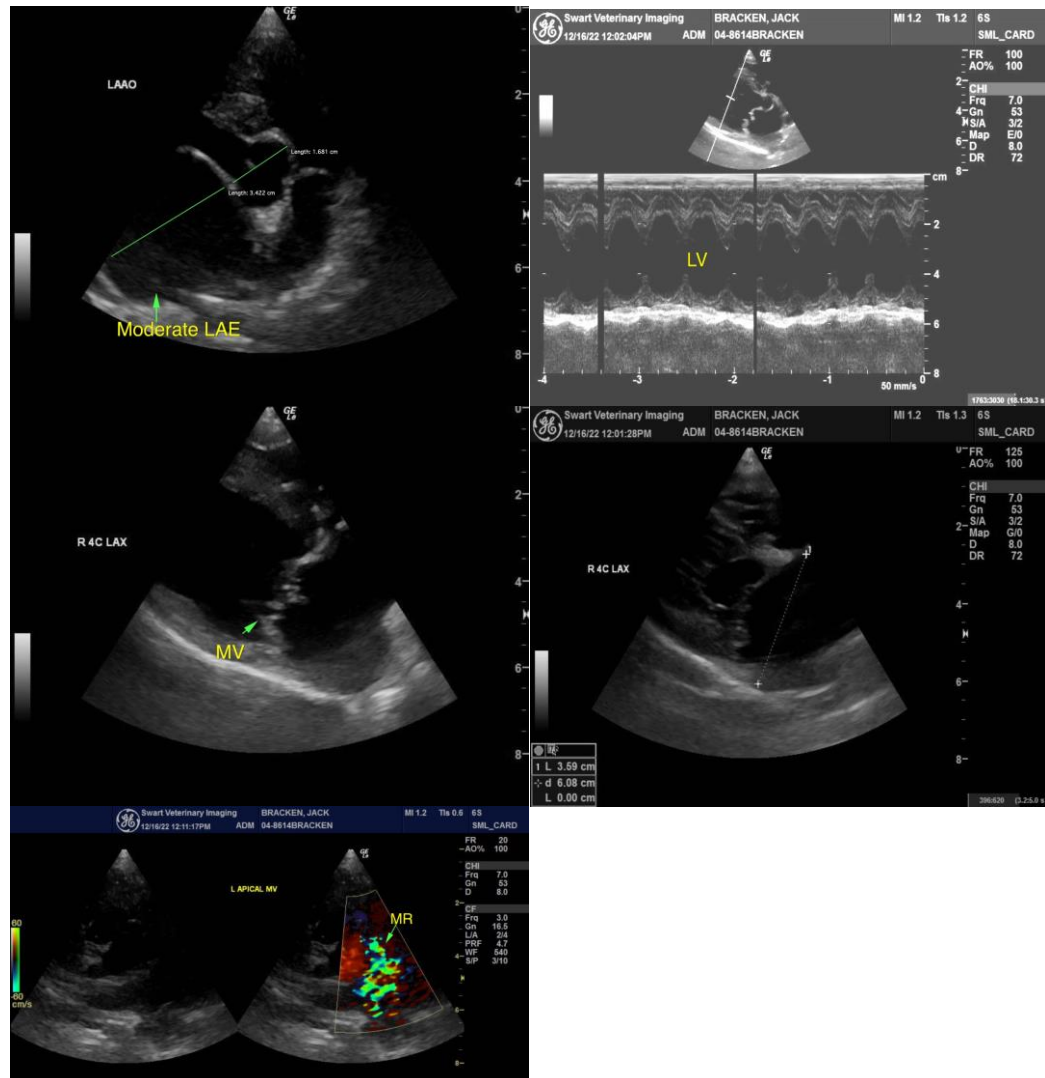
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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**BREED**

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14yr

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