

**PATIENT PRESENTING CLINICAL SIGNS**

**Bailey Murray** Heart murmur, now grade 2-3/6. Was a 1/6 when first noted in 2014. Needs sedation for anal gland issue and possible for GA in the New Year for dental work. No current meds other than antibiotics. Has had a low grade fever as well...improving.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: May 2021 - ALT 132 (18-121) otherwise NSF

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**BREED**

Min Poodle

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

16.3 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	5.4	2.7	NM	1.57	51.1	86.1	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	133	1.3	1.1		2.4	2.25	

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Halton Peel AH

**REFERRING VET**

Dr. Walters

**INVOICE**

33609

**DATE**

12/20/21

**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 vegetative thickening consistent with endocardiosis. Doppler indicated measurable 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. Color doppler revealed mild concurrent tricuspid valve insufficiency. 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 B1)
- Mild TR – estimated pulmonary pressure gradient (approx. 30 mmHg) suggestive of borderline mild elevated pulmonary pressure, yet not consistent with clinical pulmonary hypertension.



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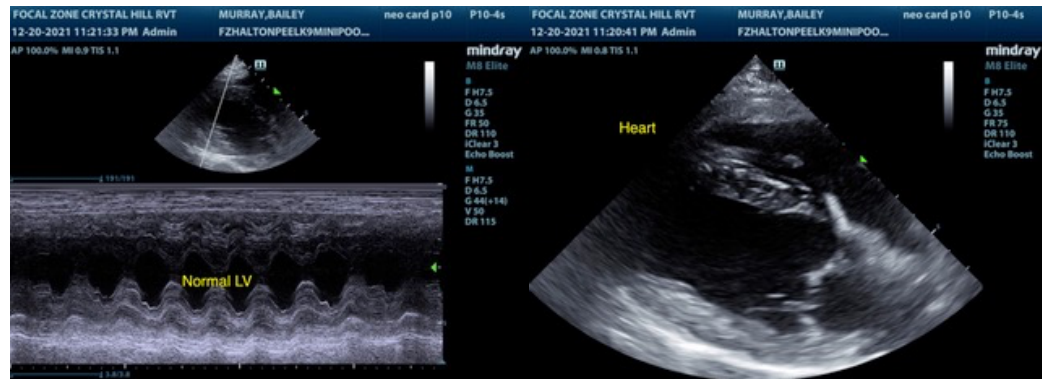
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of the murmur is chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The lack of left atrial enlargement implies that the risk of complication secondary to mitral valve insufficiency is low at this time and, without current clinical signs, indicates that medical therapy is not required. However, prognosis may be highly variable at this stage. Conservative monitoring is recommended with a recheck echocardiogram in 6-12 months, sooner if clinical signs suggestive of heart disease develop. No overt anesthetic contraindications. 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. This patient may potentially be at mild increased risk for fluid overload under anesthesia. Appropriate to judicious IV fluid use recommended.



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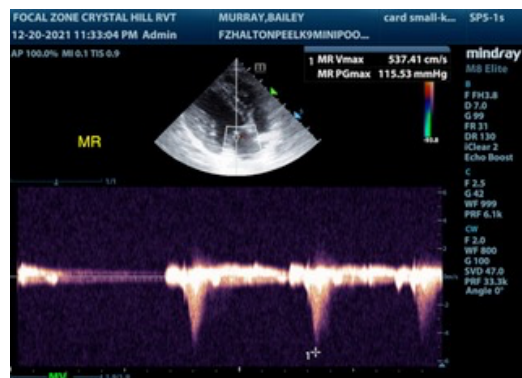
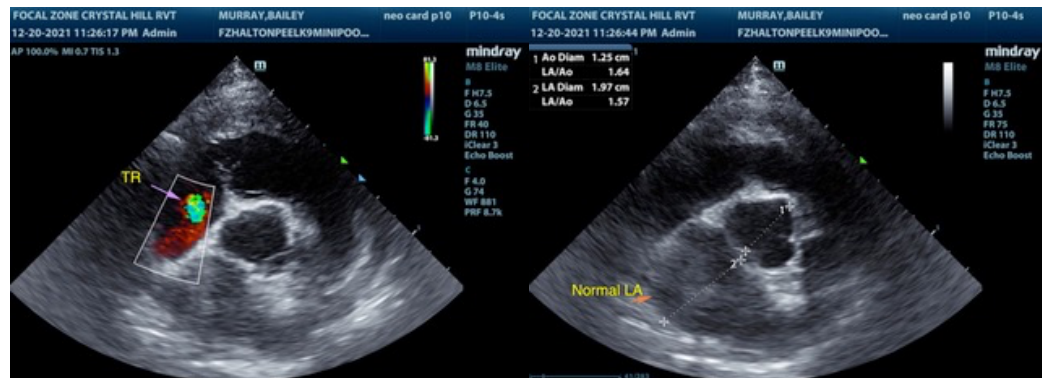
Dr. Walters

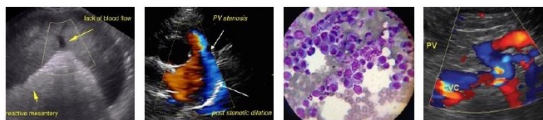
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**PATIENT**

Bailey Murray

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.

**BREED**

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info@SonoPath.com

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