



PATIENT

Izzy Hainz

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

13 years

WEIGHT

6.14 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

PRESENTING CLINICAL SIGNS

5/6 left systolic heart murmur Current Medications furosemide 5 mg BID, vetmedin 1.25mg BID
Radiographic Findings performed at another clinic. evidence of enlarged heart enlargement and alveolar pattern. Primary Question/Differential to Be Answered in This Exam Cardiac assessment and medication consult

BPs-210/65 (82) HR 121 191/169 (176) HR 95 154/134 (147) HR 116 168/139 (152) HR 117 179/160 (169) HR 66 Avg. 171/147 (158) HR 109

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				2.0	44.4	77.5	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	BELOW	BELOW	BELOW	BELOW
PATIENT	135	1.0	0.8			2.75	

Cardiac Presentation

The echocardiogram in this patient demonstrated moderately enlarged **left atrial** size based on 3 different LA measurement methods. Minor deviation of the interatrial septum towards the right atrium, suggestive of minor increased left atrial pressure, was present. The cranial and caudal **mitral** valve leaflets presented moderate thickening consistent with endocardiosis with mild septal leaflet prolapse. Doppler indicated measurable moderate eccentric insufficiency. The **left ventricle** presented normal thicknesses with maintained linear contour with 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

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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). Trace pulmonic insufficiency was present on Doppler. 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

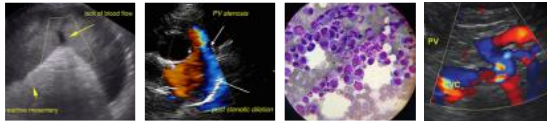
- Chronic mitral valve disease (ACVIM B2) with mild septal mitral valve leaflet prolapse
- Mild TR - estimated pulmonary pressure gradient not consistent with overt clinical pulmonary hypertension
- Trace pulmonic insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The moderate LA / LV enlargement indicates that the current and future risk going forward of complications secondary to MR is moderately elevated. Pimobendan 0.3 mg/kg PO BID +/- lowest effective dose of diuretic therapy, if evidence of increased resting respiration rate, and/or evidence of radiographic pulmonary edema, is recommended. ACE inhibitors may be considered if evidence of systemic hypertension, i.e., systemic BP > 130 (not advised if BP < 130).

Prognosis going forward is guarded yet variable with medical therapy. Serial sonographic monitoring is recommended for further prognosis. Recheck echocardiogram is suggested in 6 months, sooner if evidence of progressive clinical signs consistent with left-sided congestion is noted. Omega-3 fatty acids and mild salt restriction may also prove beneficial.





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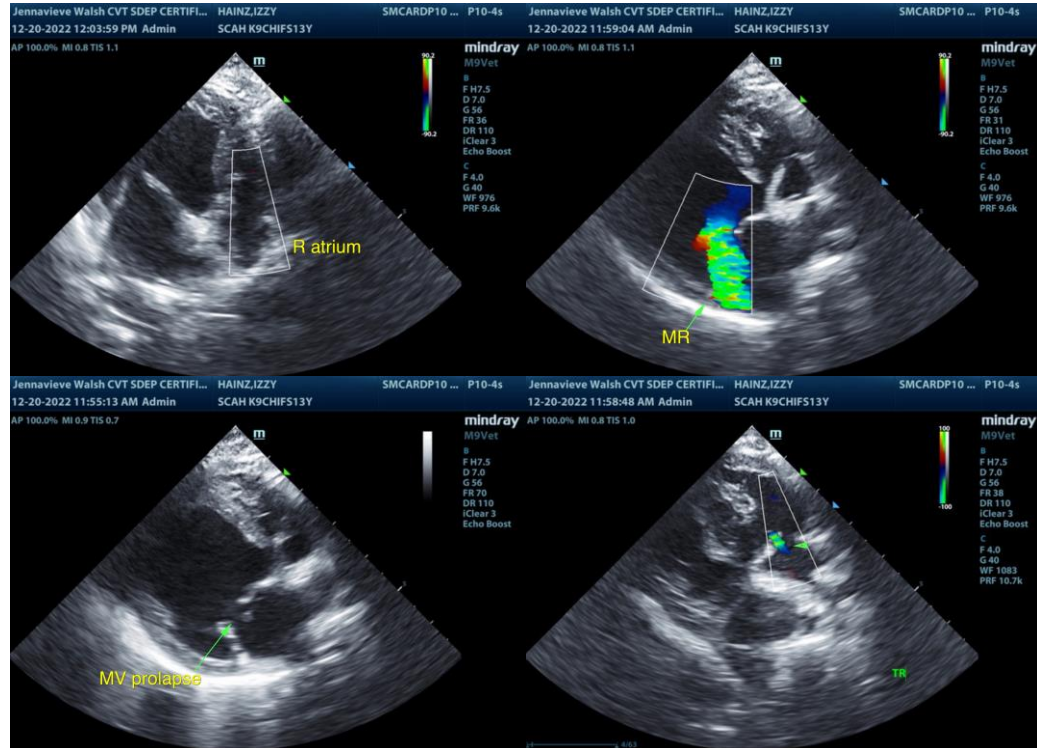
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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