



PATIENT

Teddy Seidelman

SPECIES

Canine

BREED

Chihuahua/Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

17.9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Leidberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr.
Sherrod/Mukwonago
AH

INVOICE

20268

DATE

12/28/22

PRESENTING CLINICAL SIGNS

History: Presented for routine exam. 3/6 left side systolic heart murmur was noted. Chest radiographs reveal an enlarged heart. VHS 12 BW shows elevated ProBNP and elevated liver enzymes. No coughing and no clinical symptoms. ECG normal.

Abnormal PE/Chem/CBC/UA Results: ProBNP 874 ALT 340 AST 194 Alk Phos 433

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	<1.3	28-40	40-100	<0.6
PATIENT	5.2	1.5	NM	1.48	46.7	81	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	108	1.9	1.2	--	3.3	3.0	--

Cardiac Presentation

The echocardiogram for this patient presented mild increased **left atrial size** based on two different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented mild vegetative thickening consistent with mild endocardiosis. No evidence of valvular prolapse. Doppler indicated measurable mild to moderate eccentric insufficiency. The **left ventricle** presented normal 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. Minor TR was present 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.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B-1- early B-2)



PATIENT

- Minor TR- no evidence of clinical pulmonary hypertension

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The study is consistent with mild chronic degenerative valvular changes with secondary eccentric MR as a cause of the murmur. No other additional clinical issues, such as LV systolic dysfunction, additional significant valvular insufficiencies or evidence of clinical pulmonary hypertension. The mild increased LA size indicates that the risk of current and future complications, secondary to MR, is relatively low, yet prognosis is highly variable. In a nonclinical patient without evidence of significant chamber enlargement, based on epic study criteria, no indication for cardiac medications at this stage, however, serial sonographic monitoring is recommended for further prognosis. Recheck echocardiogram is suggested in 6 months or sooner if clinical signs arise.

SEX

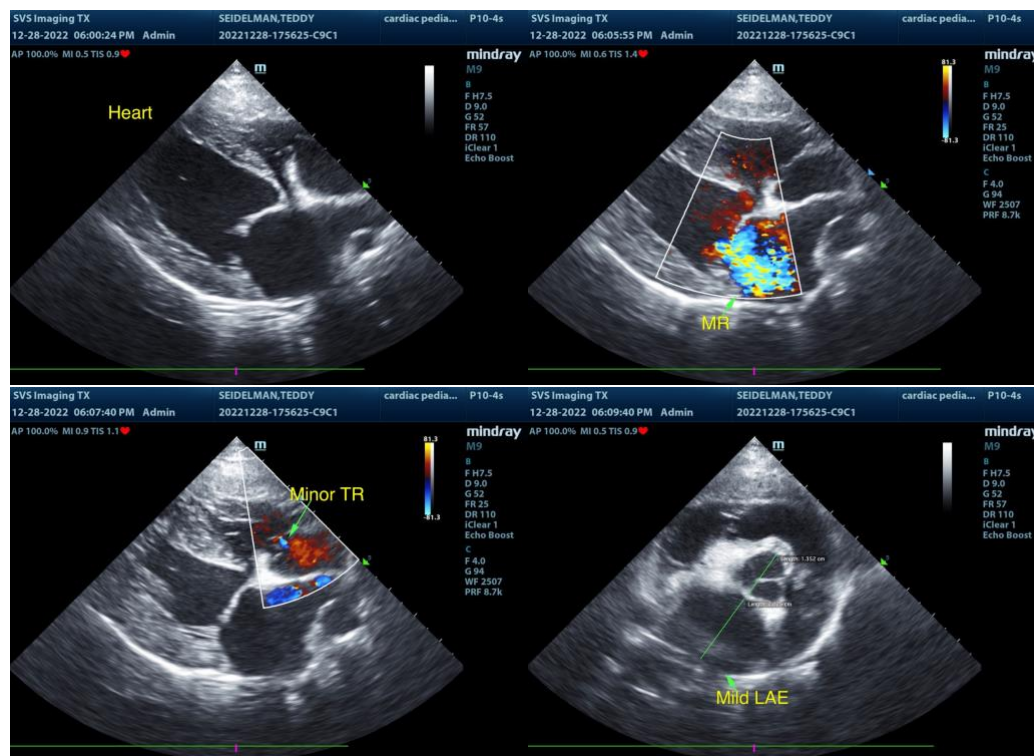
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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