IMAGING PERFORMED BY

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Hunny Marker

SPECIES

Canine

BREED

Airedale Terrier

SEX

SF

AGE

12 years

WEIGHT

28.57 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Sydney Schermer

INVOICE

12927

DATE

12/29/21

PRESENTING CLINICAL SIGNS

Hx c and anorexic x 3d. BW and radiographs 2d ago unremarkable. Unresponsive to supprotie care (SQ fluids,cerenia). Recent wt loss- thin BCS

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	5.2	2.7	1.8	1.69	33.7	61.9	0.33
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	115	1.5	0.87		5.2	5.4	

Cardiac Presentation

The echocardiogram in this patient demonstrated moderately enlarged **left atrial** size based on 3 different LA measurement methods. Mild deviation of the interatrial septum towards the right atrium suggestive of Increased left atrial pressure was present. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis with mild anterior and posterior leaflet prolapse. Doppler indicated measurable eccentric insufficiency. The **left ventricle** presented thicknesses with linear contour with mild 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. Trace AV insufficiency was present on color doppler. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated concurrent mild thickening with TV insufficiency present on color 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). Mild PV insufficiency was present on color 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.

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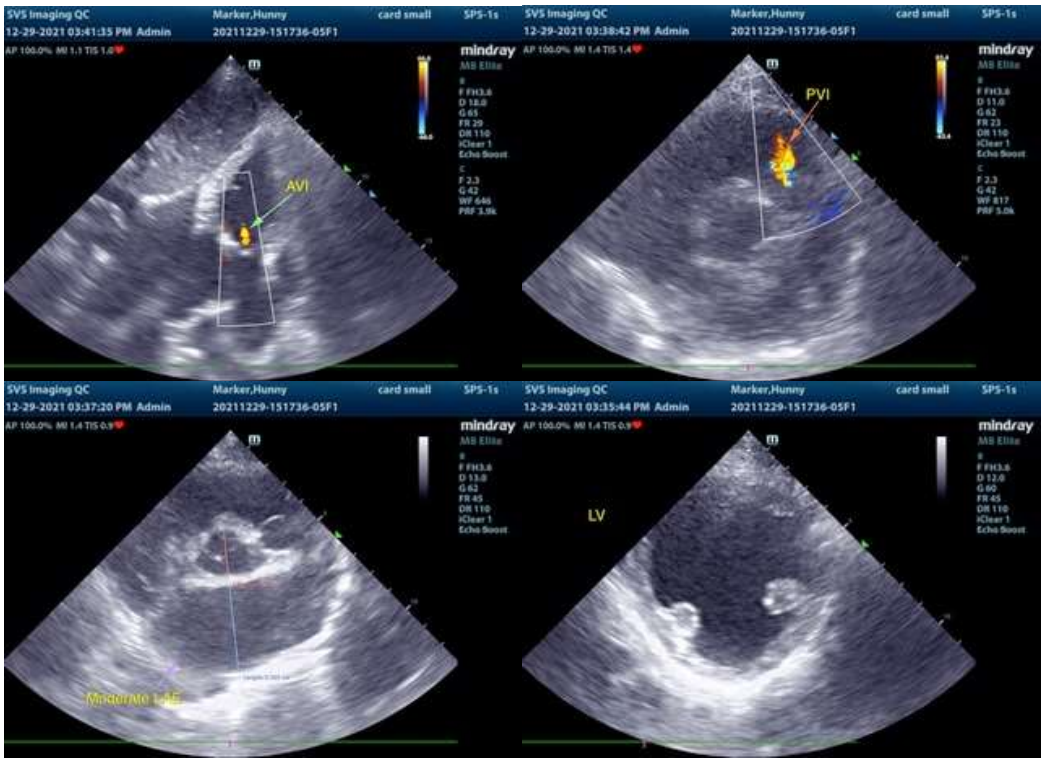
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Chronic mitral valve disease with mild anterior and posterior leaflet prolapse (ACVIM B2)
- TR - estimated pulmonary pressure consistent with mild increased pulmonary pressure / mild pulmonary hypertension
- Mild AV and PV Insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The moderate left atrium enlargement indicates that the risk of current and future complication going forward secondary to mitral valve insufficiency is elevated. The estimated pulmonary pressure gradient of approximately 30 mmHg is suggestive of mild increased pulmonary pressure (mild pulmonary hypertension) yet not overtly consistent with clinical pulmonary hypertension. The coughing in this patient may be multifactorial in origin owing to left atrium enlargement and secondary mainstem bronchi Irritation, mild increased pulmonary pressure or lower airway component. Continued Vetmedin is recommended with continued monitoring of resting respiration rate. Hydrocodone with as-needed respiratory therapy and assessment of clinical response may prove beneficial. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs suggestive of left sided heart disease (exercise intolerance, increased resting respiration rate, cardiogenic pulmonary edema, etc.,), are noted.



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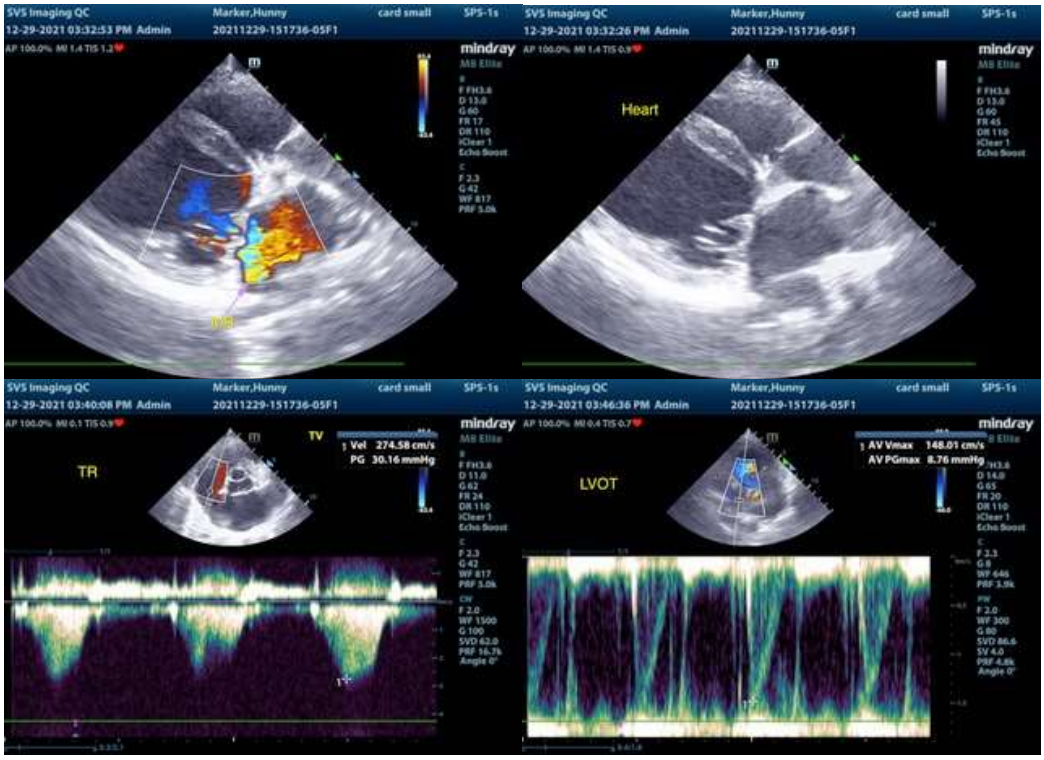

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com