


PATIENT

Penny Kazienko

PRESENTING CLINICAL SIGNS

 No meds currently. Increased sleeping, no coughing noted. Grade 5/6 bilateral heart murmur noted.
 Abnormal PE/Chem/CBC/UA Results: n.a

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
BREED

Mini Poodle

SEX

FS

AGE

15 years

WEIGHT

11 lbs.

| CANINE | MR | TR | LA/AO | LA/AO | FS | EF | EPSS |
|---------------------------|----------------------|----------------------|---------------------|-------------------|------------------------------------|---------------------------------------|---------------------------------------|
| CARDIAC PARAMETERS | VMAX (m/s) | VMAX (m/s) | (Boon method) | (Heart Base; Swe) | (%) | (%) | (cm) |
| NORMAL PARAMETER | 4.5-5.5 | <2.7 | 1.3 | <1.6 | 28-40 | 40-100 | <0.6 |
| PATIENT | 5.5 | 2.9 | -- | 1.1 | 40 | 73 | 0.22 |
| CANINE | HR | AV | PV | BODY WEIGHT | LA | LVIDd | LVIDs |
| CARDIAC PARAMETERS | (BPM) | VMAX (m/s) | MAX (m/s) | (kg) | 2D short axis Base view (cm) | Avg; 2D and m-mode short axis (cm) | 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 | 73 | 1.2 | 0.8 | | 3.1 | 3.6 | |

INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

The Maples AH

REFERRING VET

Dr. Kazienko

INVOICE

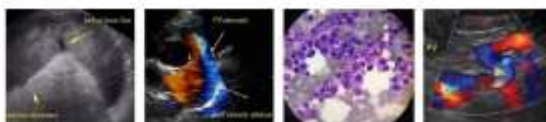
12912

DATE

12/29/21

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. No evidence of valvular prolapse or chordae tendineae rupture was noted. Doppler indicated measurable eccentric 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 concurrent mild thickening with subjective mild Insufficiency present on color doppler assessment. 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.



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ULTRASONOGRAPHIC FINDINGS

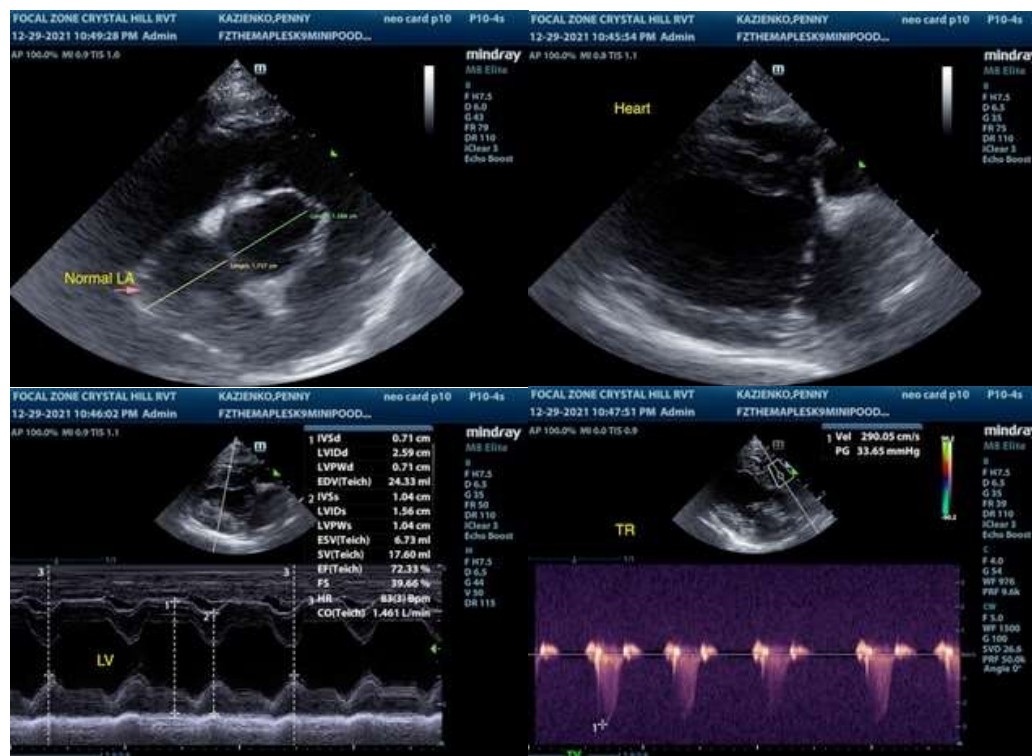
Primary Findings

- Chronic mitral valve disease (ACVIM B1)
- TV insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is secondary to chronic degenerative valvular changes with primary eccentric mitral valve and concurrent tricuspid valve insufficiency. The lack of left atrium enlargement indicates that the risk of future complication is low. However, the prognosis at this stage may be highly variable. The estimated pulmonary pressure gradient based on TV Insufficiency is suggestive of mild elevated pulmonary pressure, yet not overt consistent with clinical pulmonary hypertension, given the lack of clinical signs. No other clinical issues such as systolic dysfunction were identified.

In a non-clinical patient without evidence of significant chamber enlargement or clinical signs, cardiac medications are not specific Indicated. Conservative monitoring would be appropriate at this stage. Recheck echocardiogram Is suggested in 6 months, sooner if clinical signs suggestive of heart disease develop.





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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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