



PATIENT

Ziggy Gautier

SPECIES

Canine

BREED

Poodle Mix

SEX

MN

AGE

11 years

WEIGHT

18.1 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional
VLI

REFERRING VET

Dr. Taylor McConnell

INVOICE

12907

DATE

12/29/21

PRESENTING CLINICAL SIGNS

-6 -month recheck echo. Current meds: Lasix 3 mgs BID, Vetmedin 1.25 mgs 2 tabs a.m./ 1 tab p.m., Enalapril 2.5 mgs SID.

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	1.5	2.2	2.2	54.8	89.6	0.21
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	95	1.7	1.3		3.5	3.1	

Cardiac Presentation

The echocardiogram in this patient demonstrated severely enlarged **left atrial** size based on 3 different LA measurement methods. Mild deviation of the interatrial septum towards the right atrium indicative of Increased left atrial pressure was present. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated significant eccentric measurable insufficiency. The **left ventricle** presented 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 subjective mild increased size with normal structure and content, particularly indicative of mildly elevated pulmonary pressures. No evidence of masses was noted or significant right atrium chamber overload. **Tricuspid** valvular assessment demonstrated subtle thickening with insufficiency present on color doppler assessment. Subtle **right ventricle** dilation compared to the left ventricle was present. **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 B2-C)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiogram suggests mild progression compared to the previous study in relation to LA/AO ratio, left ventricle volume, and overall left atrium size. No other clinical issues such as systolic dysfunction or evidence of clinical pulmonary hypertension were present. If the patient is currently stable, continued current medication protocol is recommended. Discontinuation of Enalapril is suggested if blood pressure is <130. Monitoring of resting respiration rate is recommended. If elevated resting respiration rate is noted, the addition of Spironolactone 1.0-2.0 mg/kg PO BID to current Lasix may be considered. Anesthetic risk remains elevated. Continued monitoring of renal parameters and blood pressure is advised. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs suggestive of congestion (increased resting respiration rate, exercise intolerance, etc.), are noted.

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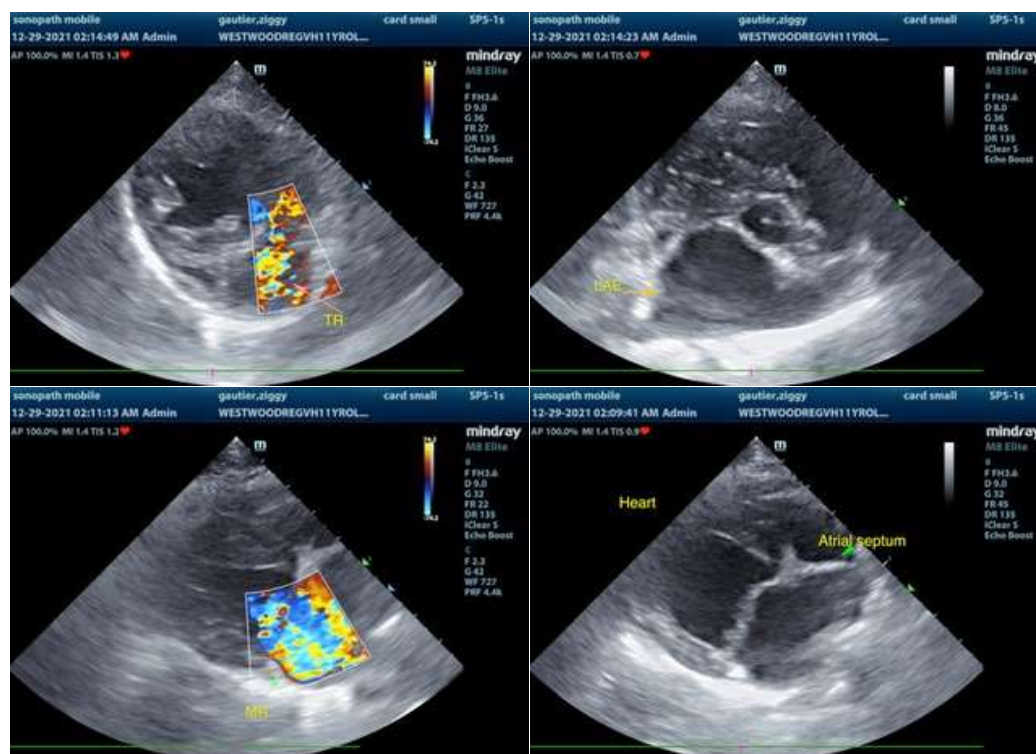
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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