



PATIENT

Maddie Cook

SPECIES

Canine

BREED

Whippet

SEX

Spayed Female

AGE

10 Years 9 Months

WEIGHT

26 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Leon Anderson, DVM

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Leon Anderson, DVM

INVOICE

13945

DATE

2/15/22

PRESENTING CLINICAL SIGNS

History: Results from 1/8/2022 echo. **ULTRASONOGRAPHIC FINDINGS** • Stage B-2 valvular disease with mitral valve prolapse • Mild left atrial enlargement • Mild to moderate left ventricular dilation • Tachycardia One month recheck echo recommended. Xrays mid January confirmed no pulmonary edema or heart failure but stage B2 valvular disease. Pimobendin started at 2.5mg bid. Maddie is doing great. Blood pressure normal. No additional medications added.

Abnormal PE/Chem/CBC/UA Results: PE: normal exam save systolic heart murmur grade 4/6 still. No recent labs.

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	5.8	2.9	NM	1.6	40.6	74.7	0.18
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	NM	2.1	1.0	--	5.0	4.36	--

Cardiac Presentation

The echocardiogram for this patient presented mild excessive **left atrial size** expressed both in the LA/AO and LA max measurements. Minor deviation of the intraatrial septum towards the right atrium, suggestive of mild elevated left atrial pressure was present. The cranial and caudal **mitral valve** leaflets presented vegetative thickening consistent with endocardiosis with mild (previously noted) valvular 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. 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 insufficiency. 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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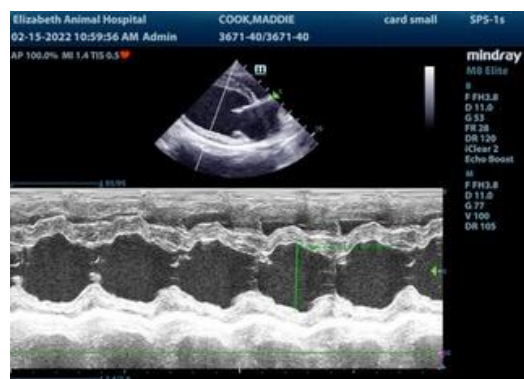
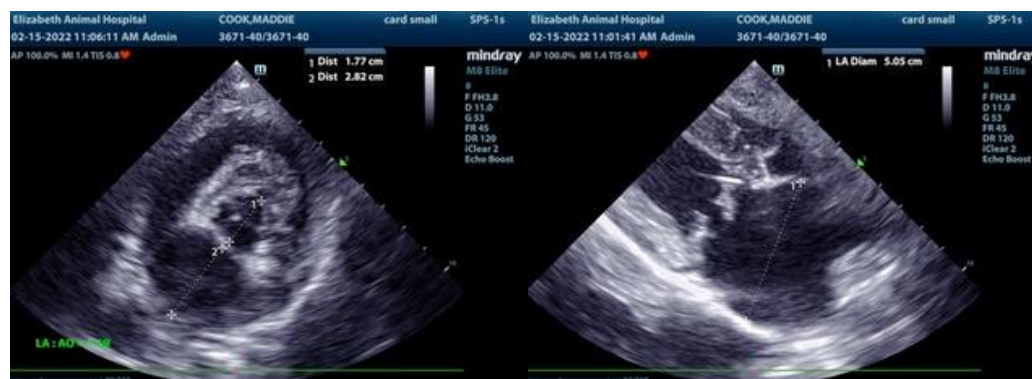
2/15/22

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B-2), previously noted mitral valve prolapse and secondary eccentric insufficiency with subjective mild progressive LA enlargement
- Mild TR- estimated pulmonary pressure gradient, potentially indicative of mild elevated pulmonary pressure, yet not consistent with clinical pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The recheck echocardiogram continues to indicate compensated chronic mitral valve disease. Mild subjective progressive LA enlargement is present, based on previous and current LA/AO measurements. Some degree of measurement variability could also be possible. If the patient is non-clinical and without evidence of elevated resting respiration rate, continued Pimobendan at current dose would be appropriate. Close monitoring of resting respiration rate at home is recommended. If this is noted, diuretic therapy at lowest effective dose (i.e., Lasix at 1-2 mg/kg PO BID) may be indicated. Continued sonographic monitoring required for further prognosis. Recheck echocardiogram suggested in 6 months or sooner, if clinical signs arise.



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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info@SonoPath.com

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