


**PATIENT**

Ace Dimitriy

**PRESENTING CLINICAL SIGNS**

History of stage C1 valvular dz since 12/23/2022.

**SPECIES**

Canine

Current meds: Furosemide 12.5mg, Spironolactone 25mg, Enacard 2.5mg, Pimobendan 2.5mg

Abnormal PE/Chem/CBC/UA Results: 1/3/23-Bun 34, Cre 0.8, mono 1020, Anaplasma +

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**
**BREED**

Poodle Mix

**SEX**

MN

**AGE**

13yr

**WEIGHT**

12lb

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	5.8	2.0		2.2	44.4	76.3	0.23
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	204	1.3	0.7		4.2	3.9	

**INTERPRETED BY**

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

**Cardiac Presentation**

The echocardiogram for this patient presented excessive left atrial size expressed both in the LA/AO and LA max measurements. Subtle deviation of the interatrial septum towards the right atrium suggestive of increased left atrial pressure was noted. The cranial and caudal mitral valve leaflets presented moderate thickening consistent with endocardiosis. Doppler indicated measurable moderate eccentric insufficiency. The left ventricle presented thicknesses with increased LV 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 TR 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. Mild tachycardia present.

**IMAGING PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

Newton Vet

**REFERRING VET**

 Dr. Wyman  
 Greenwald

**INVOICE**

13029ag

**ULTRASONOGRAPHIC FINDINGS**

- Chronic mitral valve disease (ACVIM B2, possible emerging C)
- Mild TR with normal RA/PA size-no evidence of overt clinical pulmonary hypertension

**DATE**

02/20/2023



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Canine

The degree of LA/LV enlargement indicates that the risk of complications secondary to MR is moderately elevated. Continued Pimobendan 0.3 mg/kg PO BID +/- lowest effect dose of diuretic therapy if evidence of increased resting RR or radiographic pulmonary edema recommended. ACE inhibitor medication would be appropriate if evidence of hypertension i.e., systemic BP >130. Comparison with previous echocardiogram to assess degree of progression recommended. Monitoring of renal parameters, systemic BP and ECG assessment if clinically indicated as well as resting RR going forward is suggested. Prognosis is highly variable and serial sonographic monitoring is required for further prognosis. Recheck echocardiogram recommended in 6 months, sooner if clinically indicated.

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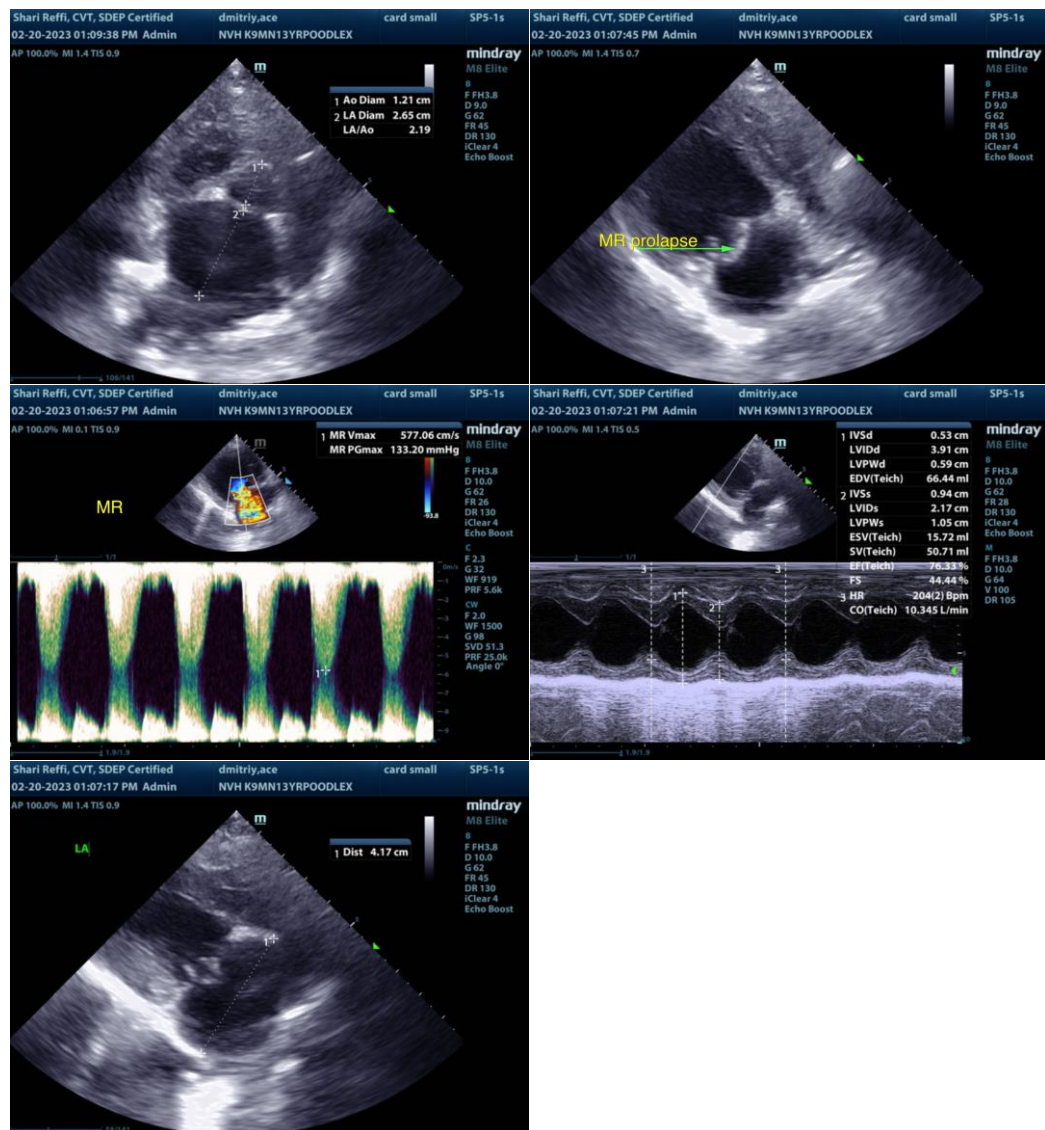
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

**SPECIES**

Canine

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