



PATIENT

Captain Roberts

SPECIES

Canine

BREED

Chihuahua

SEX

M/N

AGE

10 years

WEIGHT

7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

North Jersey Animal
Hospital

REFERRING VET

Dr. Kirk

INVOICE

16281

DATE

2/23/23

PRESENTING CLINICAL SIGNS

Grade V/VI heart murmur. Current eye meds for resolving eye trauma.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	<1.3	28-40	40-100	<0.6
PATIENT			1.4	1.5	56	88.5	0.15
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				
PATIENT	163	1.6	1.0		3.1	2.6	

Cardiac Presentation

The echocardiogram in this patient demonstrated mild increased **left atrial** size based with subjective mild horizontal component based on 3 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented moderate thickening consistent with endocardiosis with mild anterior leaflet prolapse. Doppler indicated measurable moderate eccentric insufficiency. The **left ventricle** presented normal thicknesses with maintained linear contour. Subjective borderline increased LV volume was noted. 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 right atrium / auricle masses or chamber overload. **Tricuspid** valvular assessment demonstrated minor subjective thickening with minor 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). Scant amount of suspect incidental pericardial effusion was noted in several views, yet not consistently visualized. No evidence of free pleura fluid was noted. No echographically detectable evidence of infiltrative disease or cardiac tumors was visible. The cranial **mediastinum and pericardial regions** were free of masses in the visible window. No arrhythmia was noted.



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ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease with mild septal prolapse (ACVIM mild B2)
- Mild TR - no evidence of clinical pulmonary hypertension
- Very scant indistinct pericardial effusion

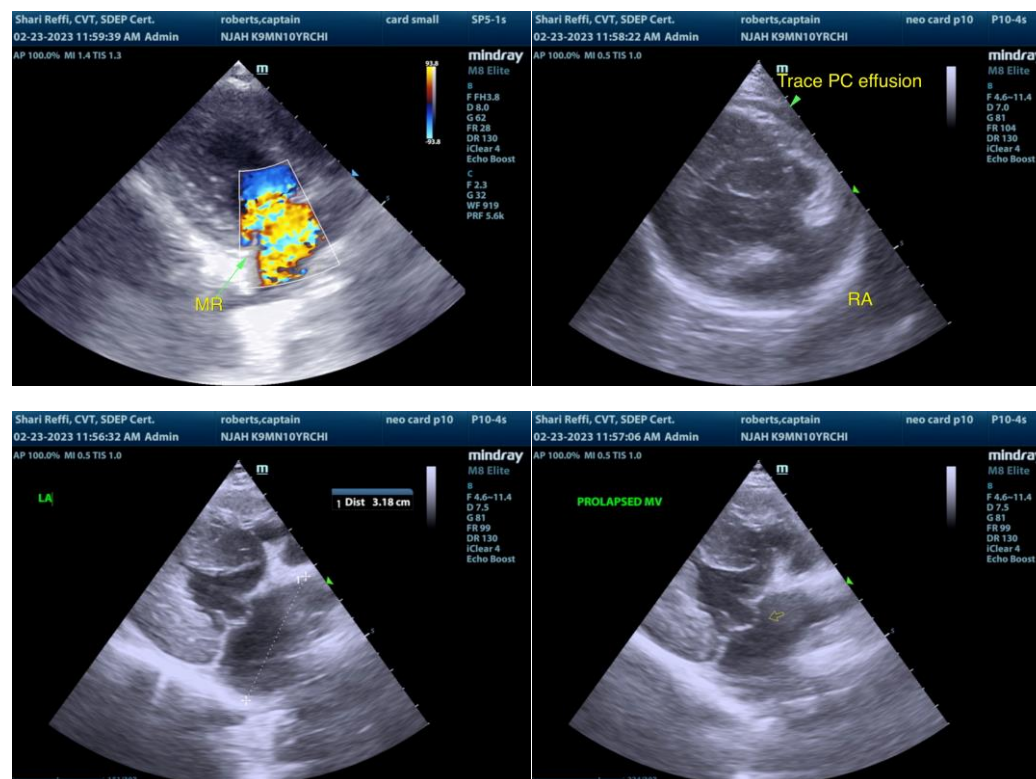
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild left atrial enlargement indicates that the current and future risk of complications secondary to MR is mildly elevated yet overall, the heart appears to be compensated without additional clinical issues such as overt pulmonary hypertension or LV systolic dysfunction.

In a nonclinical patient without evidence of significant chamber enlargement, cardiac medications are not overtly indicated, yet Pimobendan 0.3 mg/kg PO BID at this stage would not be unwarranted, as it may help prolong cardiac changes associated with MR.

The scant pericardial effusion noted in several views yet not consistently visualized is of unclear clinical significance without evidence of cardiac neoplastic criteria and is potentially incidental. The scant pericardial effusion did not appear to be affecting cardiac function.

Sonographic reassessment in 3-4 weeks, sooner if clinical signs arise, could be considered.





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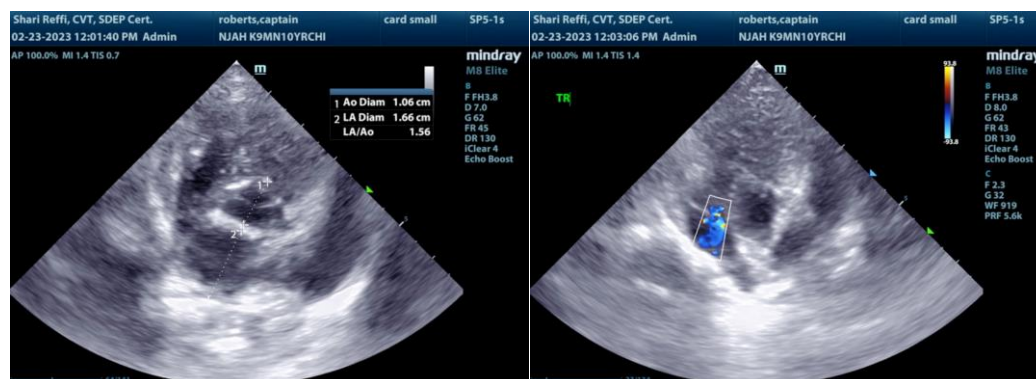
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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