



PATIENT

Ellie Carroll

SPECIES

Canine

BREED

Dalmation

SEX

F/S

AGE

13 years

WEIGHT

53.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessica Bailes

HOSPITAL NAME

All Creatures Great &
Small Veterinary Clinic,
Corvallis, OR

REFERRING VET

Dr. Jessica Bailes

INVOICE

16287

DATE

2/23/23

PRESENTING CLINICAL SIGNS

Hx of mitral/tricuspid valvular disease and 2-3/6 systolic murmur. No concerns @ home. Most recent exam performed 1 month ago - could not hear heart murmur.

Abnormal PE/Chem/CBC/UA Results: Weight loss, otherwise NSF on PE.

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	<1.3	28-40	40-100	<0.6
PATIENT	5.0		1.5	1.4	35	64	0.3
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		2.0	1.5		4.0	4.1	

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 mild thickening consistent with mild endocardiosis. No evidence of valvular prolapse was noted. Doppler indicated measurable mild primarily 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 minor 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). Trace pulmonic insufficiency was noted on Doppler. 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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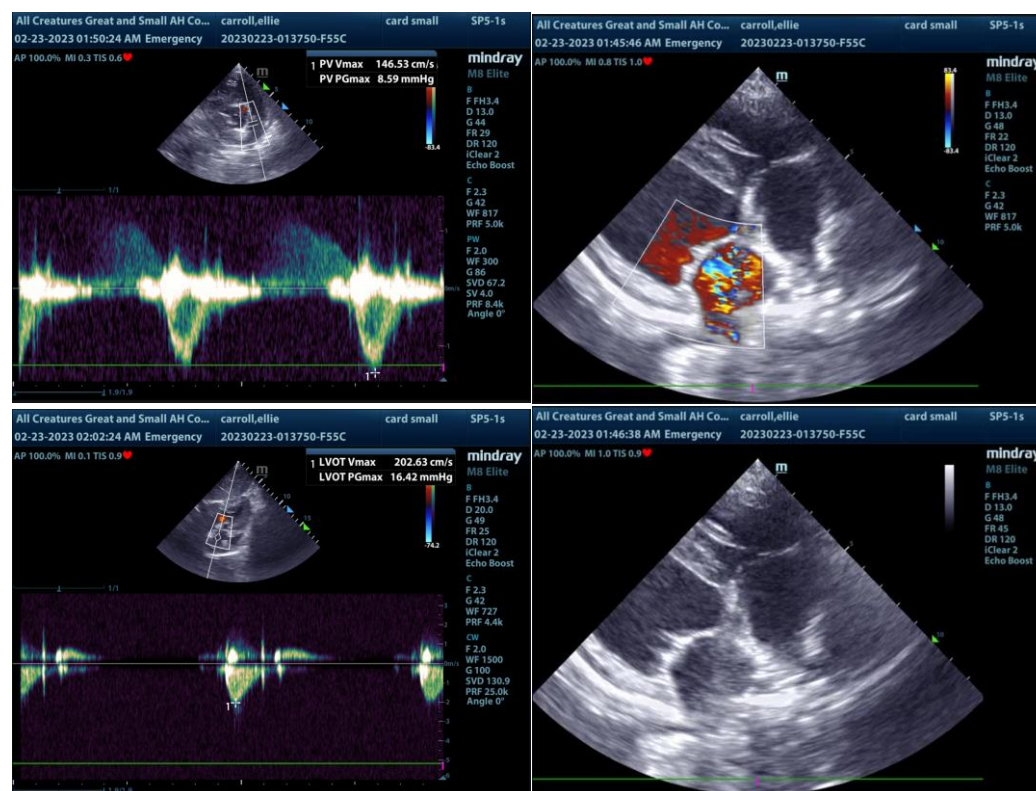
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ULTRASONOGRAPHIC FINDINGS

- Compensated mild MR (ACVIM B1), normal left atrium
- Minor TR / trace pulmonic insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, static cardiac presentation compared to the previous study with similar minor valvular insufficiencies. No evidence of left or right chamber enlargement, which would suggest emerging clinical left heart disease or evidence of clinical pulmonary hypertension. The mild MR potentially may not be audible at times, given the relatively low-grade measured MR velocity. No indication for cardiac medications. Continued monitoring for heart murmur recurrence or for clinical signs is suggested. Recheck echocardiogram is recommended in 8-12 months, sooner if clinically indicated.





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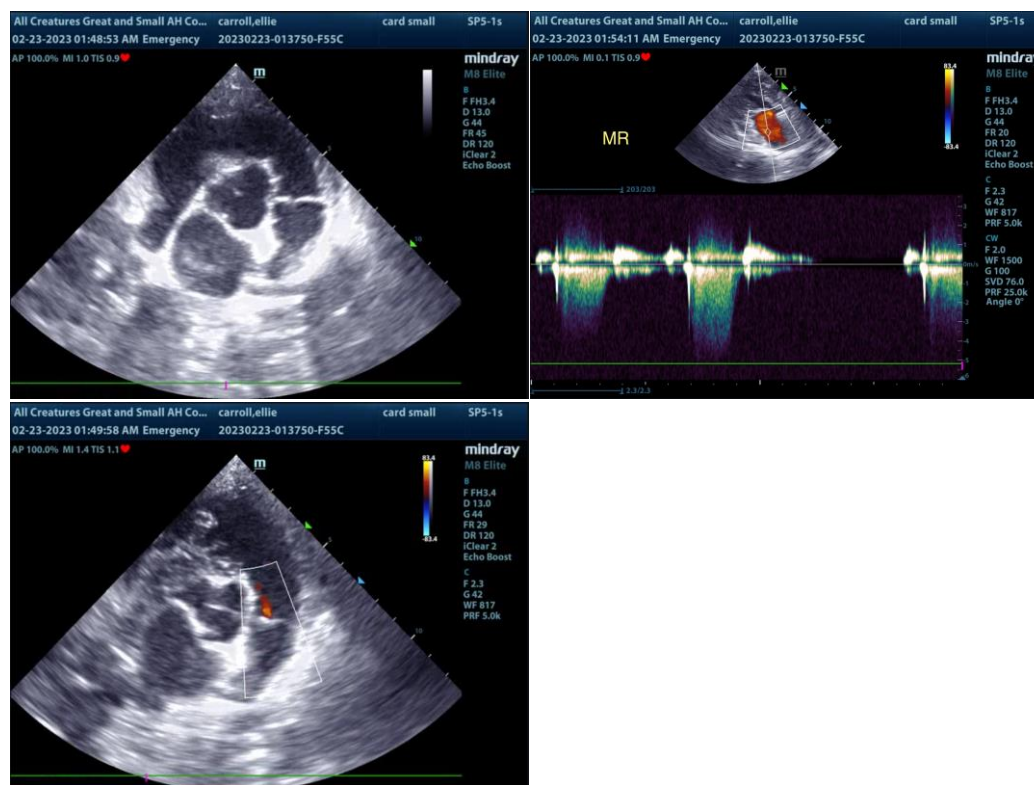
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com