



PATIENT PRESENTING CLINICAL SIGNS

Kelly Feeney History: Recheck echo today. picky eating; 4/6 systolic murmur; suspect enlarged submandibular or salivary gland. On entyce, just finished clavamox last month, on gabapentin.

SPECIES Abnormal PE/Chem/CBC/UA Results: 1/21/23: BUN 42, BUN/crea 47, CI 122

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

15 Years

WEIGHT

6.1 Pounds

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	5.6	2.0	NM	1.4	51	85	0.2
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	104	1.1	0.6	--	2.45	2.1	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Animal Care Centers of
Flanders

REFERRING VET

Dr. Casulli

INVOICE

21326

DATE

2/28/23

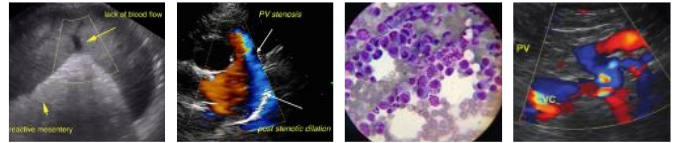
Cardiac Presentation

The echocardiogram for this patient presented minor progressive LA enlargement, compared to the previous study, based on two separate LA measurement methods. Subtle deviation of the intraatrial septum towards the right atrium was present. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable moderate 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 revealed mild thickening with static mild TR.

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.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM mild B-2)



PATIENT

- Static mild TR- no evidence of clinical pulmonary hypertension

Kelly Feeney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Overall, this is a similar cardiac presentation compared to the previous study with evidence of minor progressive LA enlargement. However, no evidence of significant LA/LV enlargement or evidence of left heart volume overload. No other clinical issues were present, such as LV systolic dysfunction or evidence of clinical pulmonary hypertension. In a presumed nonclinical patient, without evidence of significant chamber enlargement, cardiac medications are not obviously indicated, yet Pimobendan at this stage would be warranted given the mild progressive LA enlargement, as this medication may help prolong cardiac changes associated with MR.

Canine

BREED

Yorkshire Terrier

Recheck echocardiogram is suggested in 6 months or sooner, if clinically indicated. No anesthetic contraindications if anesthesia is required.

SEX

Spayed Female

Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.

<https://www.antechdiagnostics.com/cadet-braf>

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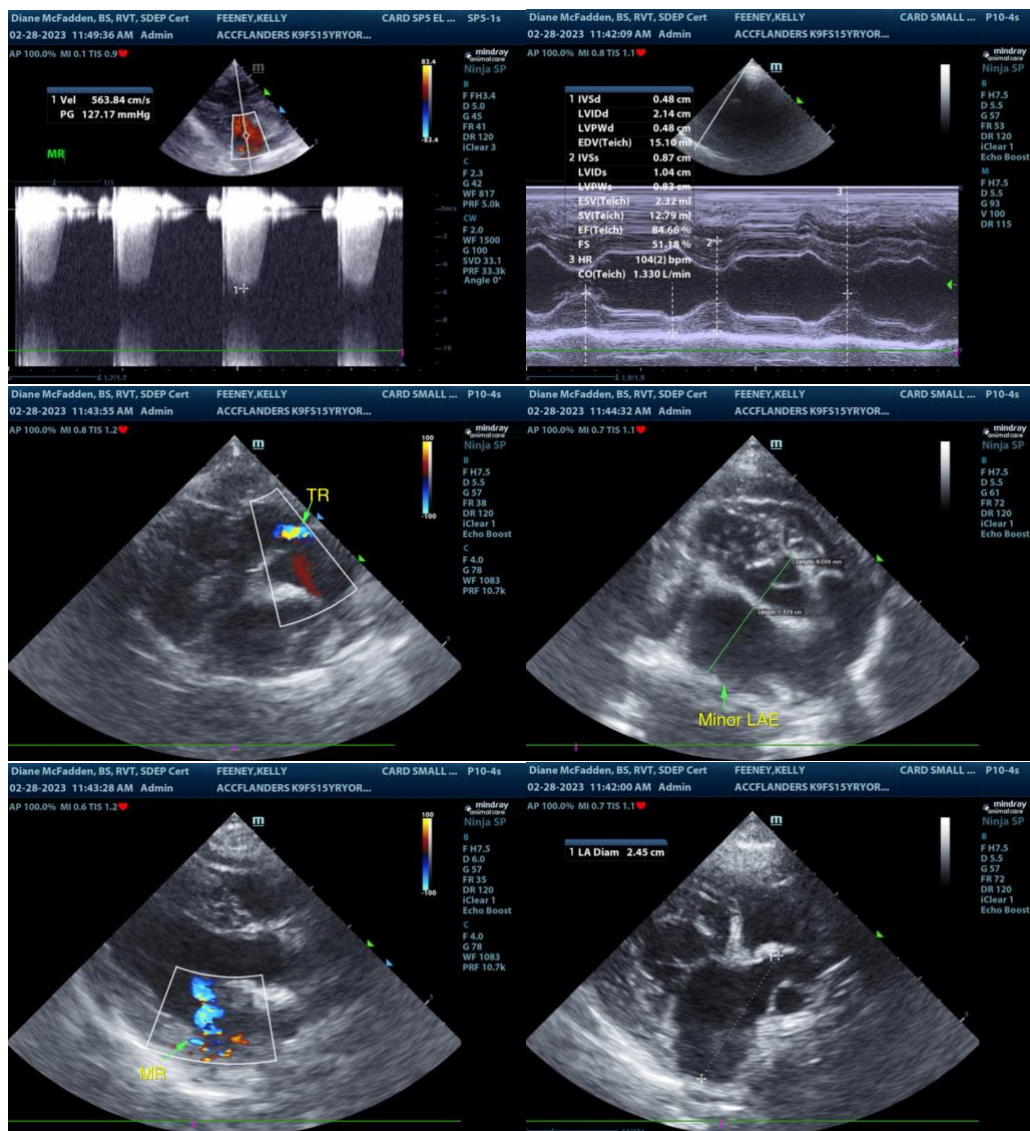
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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