



PATIENT

Popcorn Grof-Tisza

SPECIES

Canine

BREED

Maltese

SEX

FS

AGE

8 Years

WEIGHT

7.1 lbs

PRESENTING CLINICAL SIGNS

presented for dental Feb 3, moderate LV and sever LA enlargement; grad 3/6 murmur. asymptomatic. not on any medds

Abnormal PE/Chem/CBC/UA Results: TP 7.8, Alb 3.8, glob 4.1

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	5.0	3.0	1.57	1.64	46	81	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	92	1.4	1.1		2.6	2.25	

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Animal Hospital of
Roxbury

REFERRING VET

Dr. Elia

INVOICE

50070

DATE

2-4-22

Cardiac Presentation

The echocardiogram in this patient demonstrated mildly enlarged **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable 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 mild thickening with mild insufficiency on Color 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.



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ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM early b2)
- TV insufficiency.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is secondary to chronic degenerative valvular changes with eccentric mitral valve insufficiency. TV insufficiency was also present with estimated pulmonary pressure gradient based on measured TV insufficiency velocity suggestive of mild increased pulmonary pressure yet not consistent with clinical pulmonary hypertension. No other clinical issues such as systolic dysfunction were noted. The lack of significant left atrium or left ventricle enlargement suggest that the relative risk of clinical signs secondary to mitral insufficiency is low at this stage. However, prognosis is highly variable and serial sonographic monitoring is required for further prognosis. In a nonclinical patient without evidence of significant left heart enlargement, cardiac medications are not specifically indicated. Conservative monitoring at this stage would be appropriate. No anesthetic contraindications although this patient may be at mild elevated risk for fluid overload under anesthesia. Judicious IV fluid use advised. Recheck echocardiogram suggested in 6 months, sooner if clinical signs consistent with left heart disease arise.

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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.

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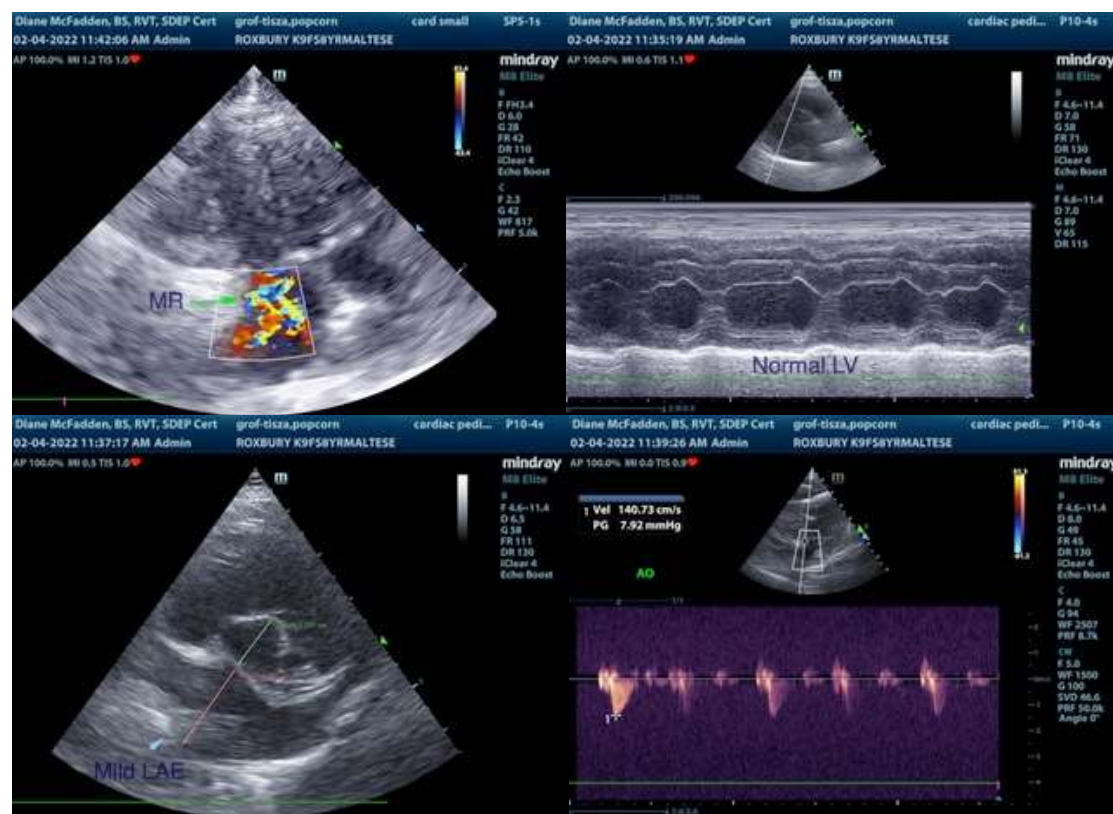
Dr. Elia

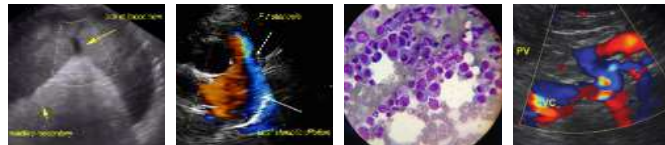
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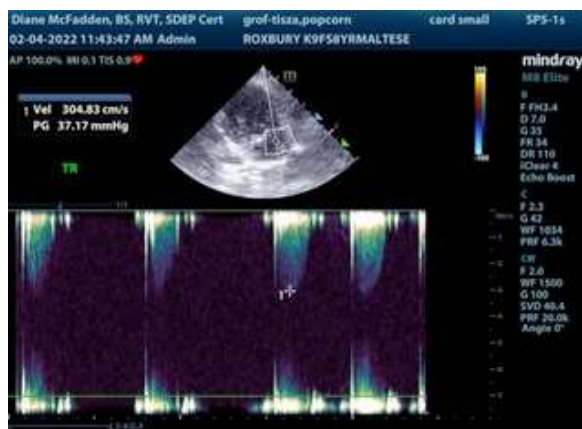
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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