

PATIENT

Zeke Conti

SPECIES

Canine

BREED

German Shepherd Mix

SEX

MN

AGE

13 Years

WEIGHT

66lbs

PRESENTING CLINICAL SIGNS

evaluation of BNP to determine if cough is cardiac or pulmonary in nature. On vetmedin, prednisolone, enrofloxacin, adequan.

Abnormal PE/Chem/CBC/UA Results: BNP 2863, BUN 52, alb 4.9

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	<1.6	28-40	40-100	<0.6
PATIENT	5.2		1.38	1.38	37.6	68.5	0.26
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	BELOW	BELOW	BELOW	BELOW
PATIENT	119	1.4	1.2		4.0	3.72	

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

North Warren AH

REFERRING VET

Dr. Corrado

INVOICE

50123

DATE

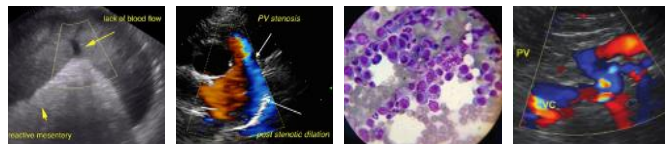
2-7-22

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented mild thickening suggestive of mild endocardiosis with normal extension in systole, and union in diastole with normal kinesis. Color Doppler assessment revealed mild to 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. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** 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. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function for age.
- Mild to moderate eccentric mitral valve insufficiency.



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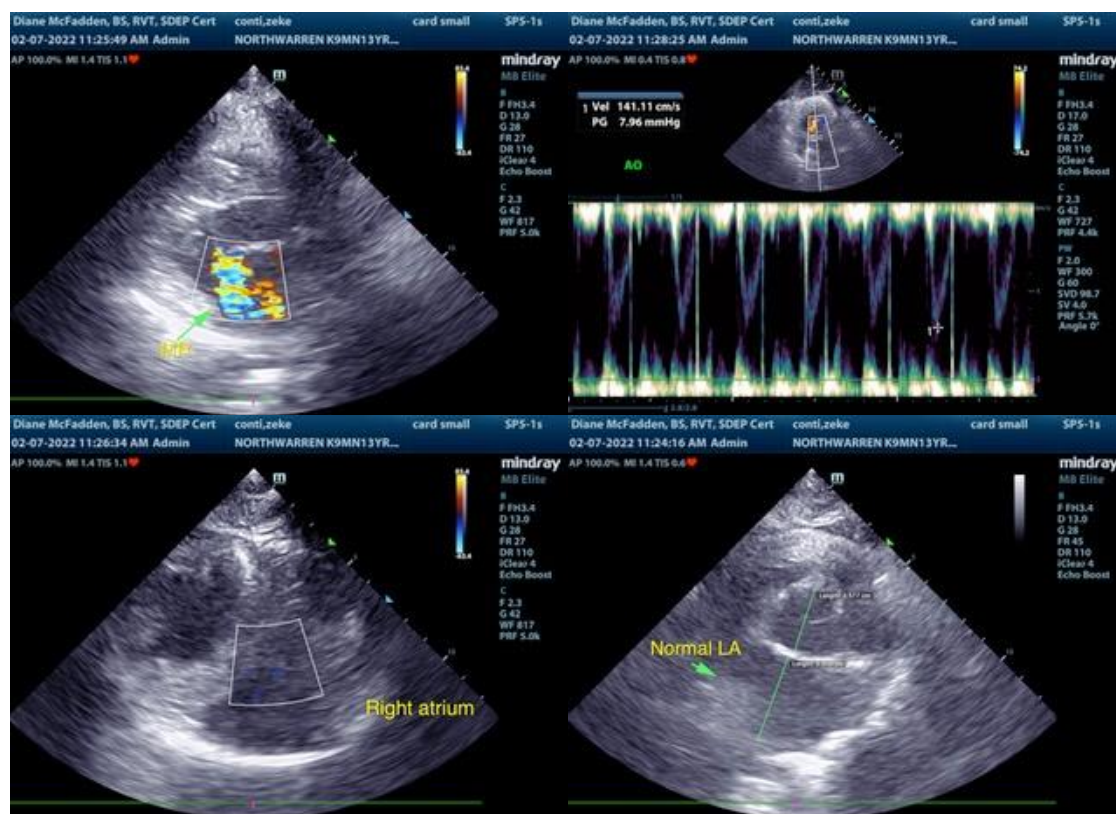
Dr. Corrado

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of a cardiac murmur if present in this patient is secondary to eccentric mitral valve insufficiency likely owing to mild chronic degenerative mitral valve changes. The hemodynamic effects of this murmur appear to be mild without evidence of concurrent left atrium or left ventricle enlargement. Likewise, no other clinical issues such as systolic dysfunction, right heart chamber enlargement/cor pulmonale, or evidence of obvious clinical pulmonary hypertension were noted. The overall cardiac presentation suggests that the coughing in this patient is likely noncardiogenic in origin. No overt indication for cardiac medications based on this study.

Further assessment, if not done, may include three view chest radiographs to assess for primary lower airway disease. Continued respiratory therapy recommended.

Recheck echocardiogram suggested in 6 months for further assessment of the mitral valve insufficiency, sooner if clinical signs suggestive of left sided heart disease (increased resting respiration rate, exercise intolerance, syncope, etc.) are noted.

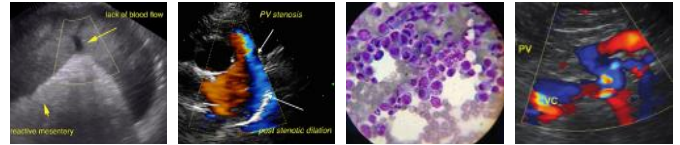


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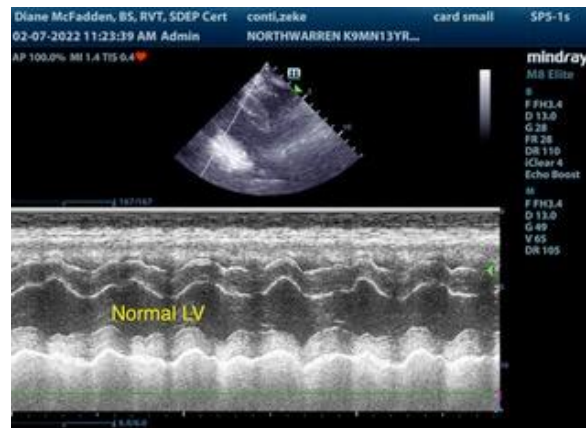
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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