


PATIENT

Lenny Jones

SPECIES

Canine

BREED

Mixed breed

SEX

Male

AGE

11 years

WEIGHT

14 pounds

PRESENTING CLINICAL SIGNS

History: CHF, heart murmur, coughing more. Current meds: Furosemide, Enalapril, Pimobendan

Abnormal PE/Chem/CBC/UA Results: n/a

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 | 2.7 | 1.9 | 2.4 | 45.4 | 80.2 | 0.45 |
| 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 | 139 | 0.95 | 0.8 | | 5.1 | 4.78 | NM |

INTERPRETED BY

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

IMAGING PERFORMED BY
 Shari Reffi CVT

HOSPITAL NAME

 VCA Blirstown
 Animal Hospital

REFERRING VET

Dr. Zeliff

INVOICE

10087ag

DATE

03/01/2022

Cardiac Presentation

The echocardiogram for this patient presented excessive left atrial size expressed both in the LA/AO and LA max measurements. Deviation of the intra atrial septum towards the right atrium consistent with elevated left atrial pressure. The cranial and caudal mitral valve leaflets presented vegetative thickening consistent with endocardiosis without evidence of chordae tendineae rupture or valvular prolapse. Doppler indicated measurable significant eccentric insufficiency. The left ventricle presented thicknesses with linear contour with increased left ventricle volume. 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 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). Minor PV insufficiency was noted. 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 (AACVIM stage C).
- TV insufficiency-estimated pulmonary pressure gradient suggestive of mild elevated pulmonary pressure yet not consistent with overt clinical pulmonary hypertension.
- Minor PV insufficiency.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The severe LA enlargement indicates that the current and future risk of complication and congestion secondary to mitral valve insufficiency is significantly elevated and consistent with CHF. Pimobendan 0.3 mg/kg PO BID and furosemide/spironolactone combination 1-2 mg/kg PO BID is recommended. Assessment of systemic blood pressure and ECG to rule out potential for arrhythmia is recommended. Ace inhibitor medications suggested if BP >130 (not advised if BP <130). Hydrocodone, given potential for mainstem bronchi irritation or compression secondary to LA enlargement, may prove beneficial.

Potential adjustments in medication may be indicated pending clinical response to therapy and radiographic monitoring. Baseline monitoring of resting respiration rate is recommended.

This patient is at increased risk of continued episodes of CHF and development of malignant arrhythmias.

This patient has a guarded long-term prognosis.

Recheck echocardiogram suggested in 6 months, sooner if continued signs of CHF are noted.

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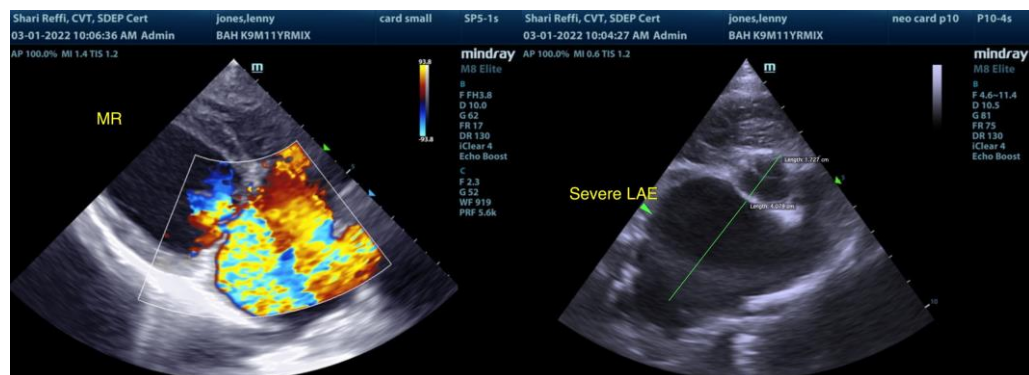
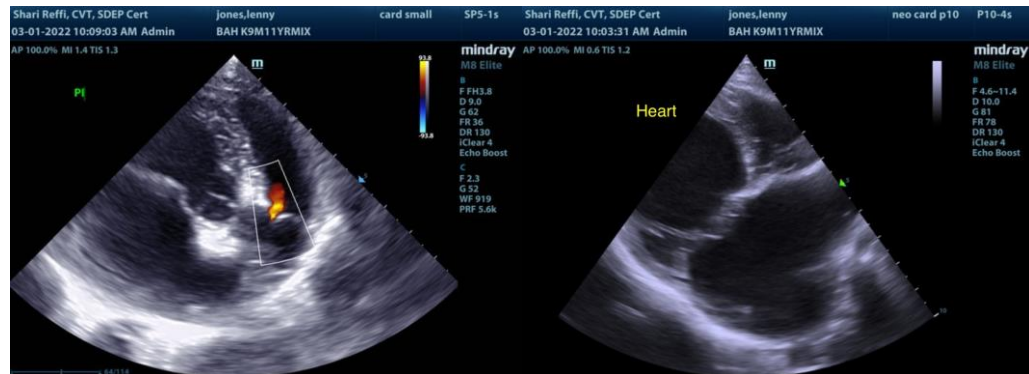
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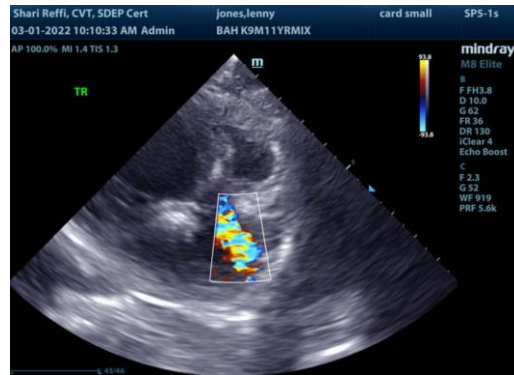
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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