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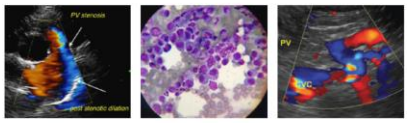


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Ivy Hahn

SPECIES

Canine

BREED

Chihuahua

SEX

SF

AGE

9 years

WEIGHT

6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Julie Hahn

INVOICE

16396

DATE

3/15/23

PRESENTING CLINICAL SIGNS

Grade 2 L side mitral murmur, occasional cough/gag Echo 1/13/22: • Chronic mitral valve disease (ACVIM B1) • Minor TR - estimated pulmonary pressure gradient not consistent with clinical pulmonary hypertension

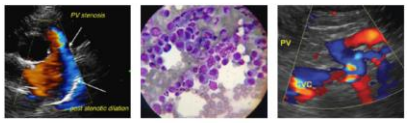
Abnormal PE/Chem/CBC/UA Results: grade 2 murmur

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		<2.0		1.4	45	79	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	BELOW	BELOW	BELOW	BELOW
PATIENT	88	1.3	1.1		1.7	1.9	

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 moderate thickening consistent with endocardiosis (anterior > posterior). Doppler indicated 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 systolic flow and subjective structural integrity. Normal measured LVOT velocity with diastolic aortic insufficiency was present on Color Doppler. 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 static 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). 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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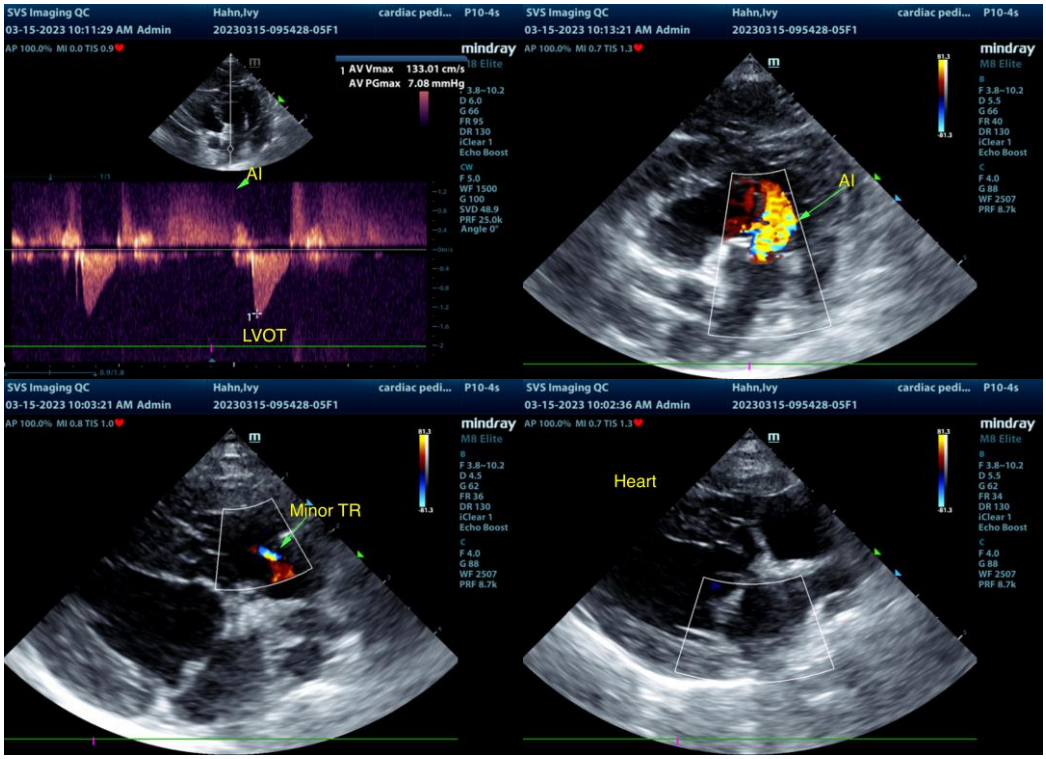
ULTRASONOGRAPHIC FINDINGS

- Static compensated chronic mitral valve disease (ACVIM B1)
- Static TR - no evidence of pulmonary hypertension
- Aortic insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of left atrium enlargement continues to Indicate that the hemodynamic effects of the MR are low and suggest that the risk of current and future complications going forward secondary to MR is low. The newly noted aortic insufficiency is of unclear clinical significance without evidence of aortic valve stenotic criteria. Assessment of systemic BP for evidence of hypertension is recommended. If evidence of hypertension is documented, an abdominal ultrasound may be considered to assess for underlying abdominal pathology as a contributing factor. No indication for cardiac medications at this stage. Continued conservative monitoring of the murmur with a recheck echocardiogram recommended in 6 months, sooner if clinical signs consistent with heart disease arise or if systolic / diastolic murmur intensity increases.



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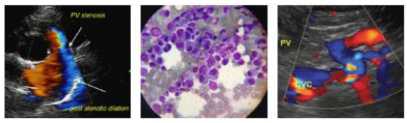

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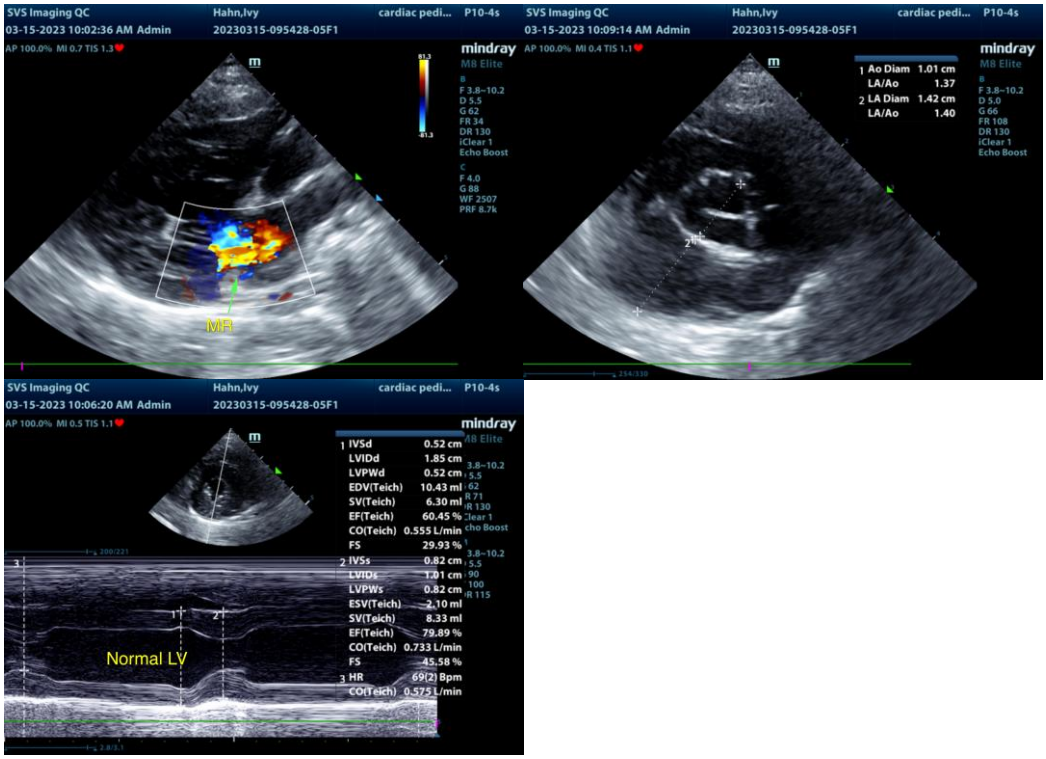

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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