



PATIENT

Elliot Todorowski

SPECIES

Canine

BREED

Havanese

SEX

MN

AGE

12 years

WEIGHT

15.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Shohola

REFERRING VET

Dr. DeMeo

INVOICE

DATE

3/16/22

PRESENTING CLINICAL SIGNS

Heart murmur, asymptomatic. No current meds.
Abnormal PE/Chem/CBC/UA Results: wnl

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	5.2	1.9	1.49	1.52	44.4	79.1	0.24
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	1.0	0.8		2.8	2.7	

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 mitral valve 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 mild TV insufficiency 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.



PATIENT

Elliot Todorowski

SPECIES

Canine

BREED

Havanese

SEX

MN

AGE

12 years

WEIGHT

15.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Shohola

REFERRING VET

Dr. DeMeo

INVOICE

DATE

3/16/22

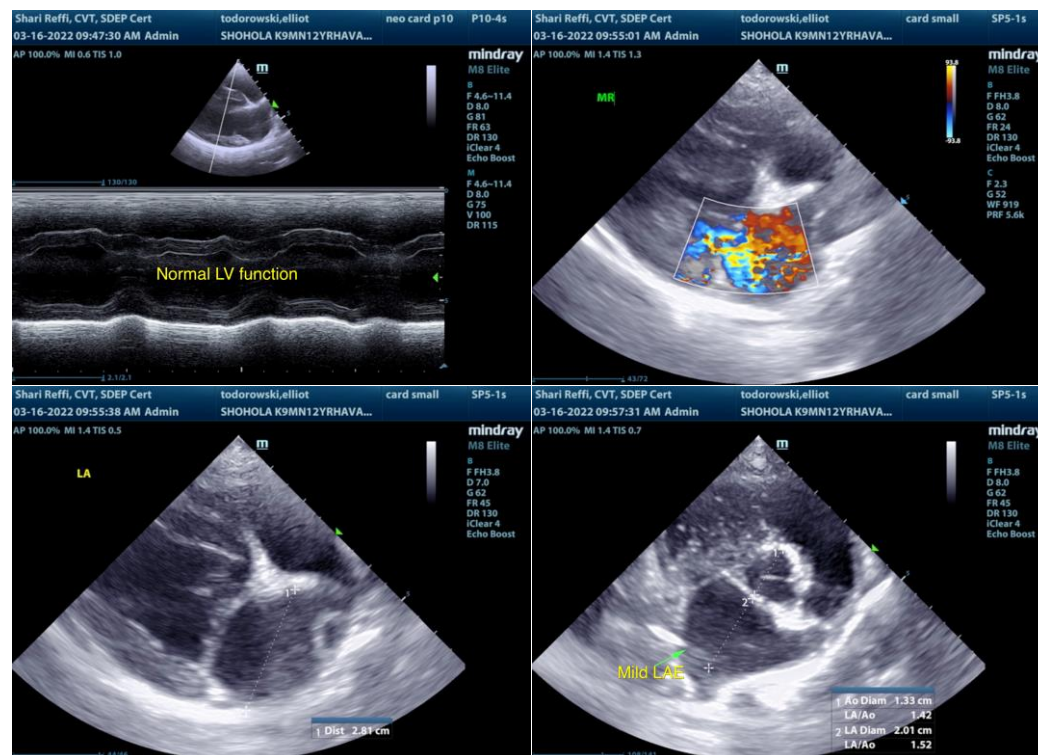
ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM early B2)
- Mild TV insufficiency - estimated pulmonary pressure gradient not consistent with pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is secondary to chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The lack of significant left atrium enlargement indicates that the relative risk of complication at this stage is low, yet prognosis is highly variable. No other clinical issues such as LV systolic dysfunction or clinical pulmonary hypertension were present.

In a nonclinical patient without significant chamber enlargement, cardiac medications are not specifically indicated. Serial sonographic monitoring is required for further prognosis. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs arise.





PATIENT

Elliot Todorowski

SPECIES

Canine

BREED

Havanese

SEX

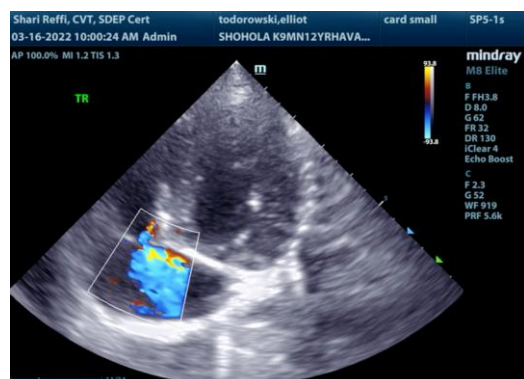
MN

AGE

12 years

WEIGHT

15.2 lbs.



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.

INTERPRETED BY

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

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Shohola

REFERRING VET

Dr. DeMeo

INVOICE

DATE

3/16/22