



PATIENT

Zuha Kirushchanka

SPECIES

Canine

BREED

Japanese Chin

SEX

FS

AGE

9 years

WEIGHT

13 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

North Jersey AH

REFERRING VET

Dr. Riedel

INVOICE

13510

DATE

3/17/22

PRESENTING CLINICAL SIGNS

Grade III/VI systolic murmur. Current meds: Clindamycin for anal sacculitis.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

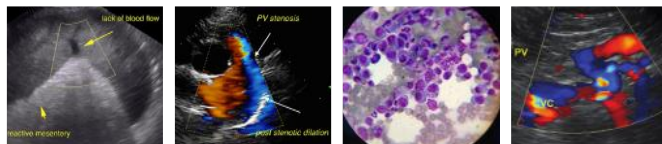
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.1	1.7		1.33	43	76	0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short 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	165	1.0	0.75		2.6	2.85	

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 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 concurrent thickening with mild TV insufficiency. 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.

ULTRASONOGRAPHIC FINDINGS

- Compensated chronic mitral valve disease (ACVIM B1)
- Mild TV insufficiency - estimated pulmonary gradient (<20 mmHg) not consistent with clinical pulmonary hypertension



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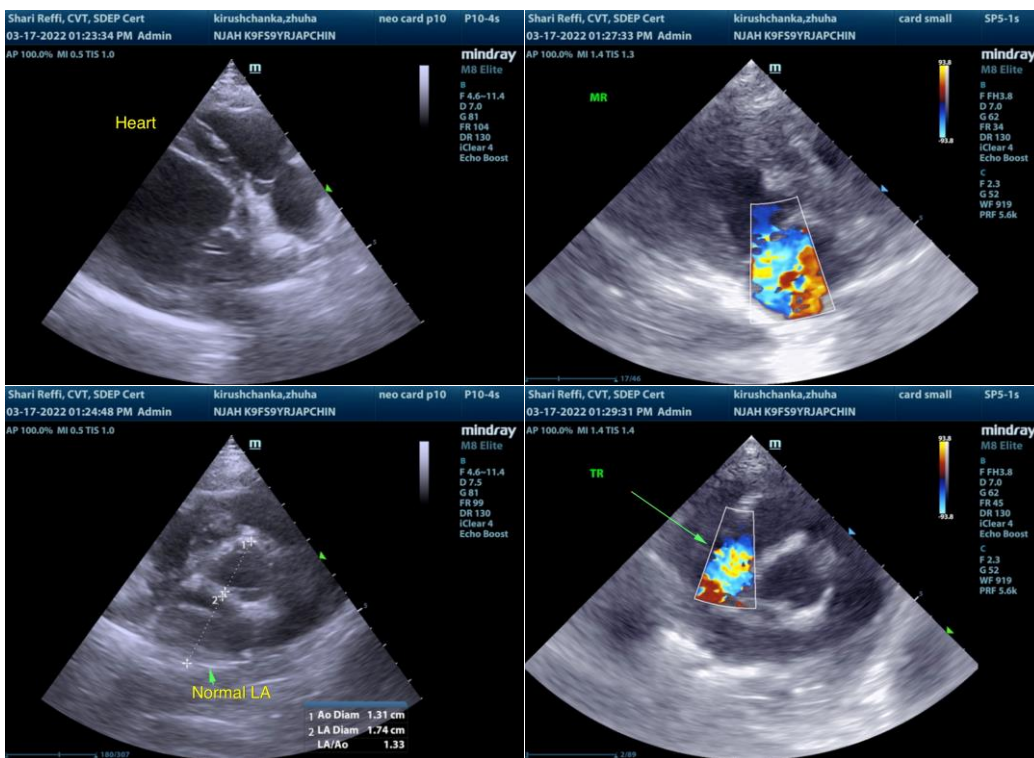
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is secondary to chronic degenerative valvular changes with primary eccentric mitral valve insufficiency and mild concurrent tricuspid valve insufficiency. The lack of left atrium enlargement implies that the risk of complication secondary to mitral valve insufficiency at this stage is low. No other clinical issues such as systolic dysfunction were noted.

Prognosis at this stage may be highly variable and serial sonographic monitoring is recommended for further prognosis. In a nonclinical patient without evidence of chamber enlargement, cardiac medications are specifically indicated. Conservative monitoring of the murmur is recommended with initial recheck echocardiogram suggested in 6 months, sooner if clinical signs consistent with heart disease arise.



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.

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