



## PATIENT

Chica Kenny

## SPECIES

Canine

## BREED

Chihuahua Mix

## SEX

FS

## AGE

10 years

## WEIGHT

17 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jessica Miller

## HOSPITAL NAME

All Creatures Great  
and Small

## REFERRING VET

Dr. Ashmore

## INVOICE

16398

## DATE

3/21/23

## PRESENTING CLINICAL SIGNS

Echo- wellness exam before anesthesia for dental. No current meds.

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

| CANINE                    | MR                   | TR                   | LA/AO               | LA/AO             | FS                                 | EF                                    | EPSS                                  |
|---------------------------|----------------------|----------------------|---------------------|-------------------|------------------------------------|---------------------------------------|---------------------------------------|
| <b>CARDIAC PARAMETERS</b> | <b>VMAX</b><br>(m/s) | <b>VMAX</b><br>(m/s) | (Boon method)       | (Heart Base; Swe) | (%)                                | (%)                                   | (cm)                                  |
| <b>NORMAL PARAMETER</b>   | 4.5-5.5              | <2.7                 | 1.3                 | <1.3              | 28-40                              | 40-100                                | <0.6                                  |
| <b>PATIENT</b>            | 5.1                  | <2.0                 | 1.2                 | 1.24              | 50                                 | 83.4                                  | 0.1                                   |
| CANINE                    | HR                   | AV                   | PV                  | BODY WEIGHT       | LA                                 | LVIDd                                 | LVIDs                                 |
| <b>CARDIAC PARAMETERS</b> | (BPM)                | <b>VMAX</b><br>(m/s) | <b>MAX</b><br>(m/s) | (kg)              | 2D short axis<br>Base view<br>(cm) | Avg; 2D and m-mode short axis<br>(cm) | Avg; 2D and m-mode short axis<br>(cm) |
| <b>NORMAL PARAMETER</b>   | 50-100               | 0.7-1.7              | 0.7-1.6             |                   |                                    |                                       |                                       |
| <b>PATIENT</b>            | 123                  | 1.6                  | 1.0                 |                   | 2.6                                | 2.3                                   |                                       |

## 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 mild thickening consistent with mild endocardiosis. No evidence of valvular prolapse was noted. Doppler indicated measurable mild 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 or chamber overload. **Tricuspid** valvular assessment demonstrated mild thickening with mild 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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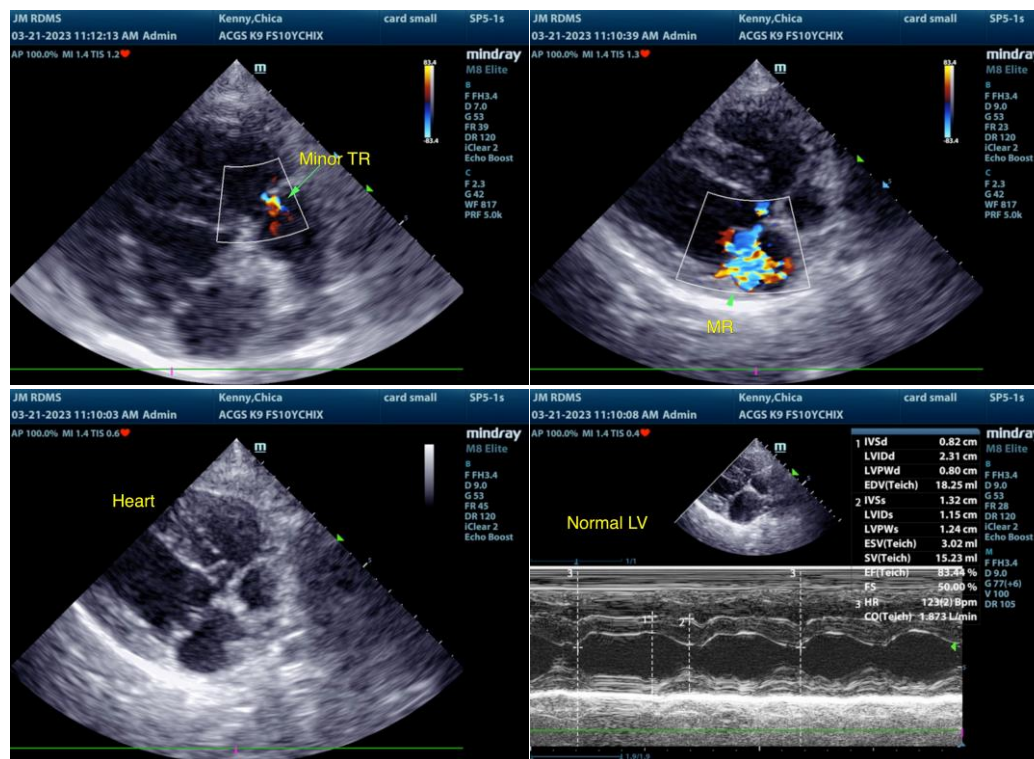
## ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B1)
- Mild TR - no evidence of clinical pulmonary hypertension

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the normal cardiac structure and function without evidence of left atrial enlargement indicate that the current and future risk going forward of complications secondary to MR is low. In a nonclinical patient without evidence of chamber enlargement cardiac medications are not indicated at this stage. Prognosis may be considered variable and sonographic monitoring is recommended. Recheck echocardiogram is recommended in 8-12 months, sooner if clinically indicated. No anesthetic contraindications. The following anesthetic protocol may be considered.

Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.





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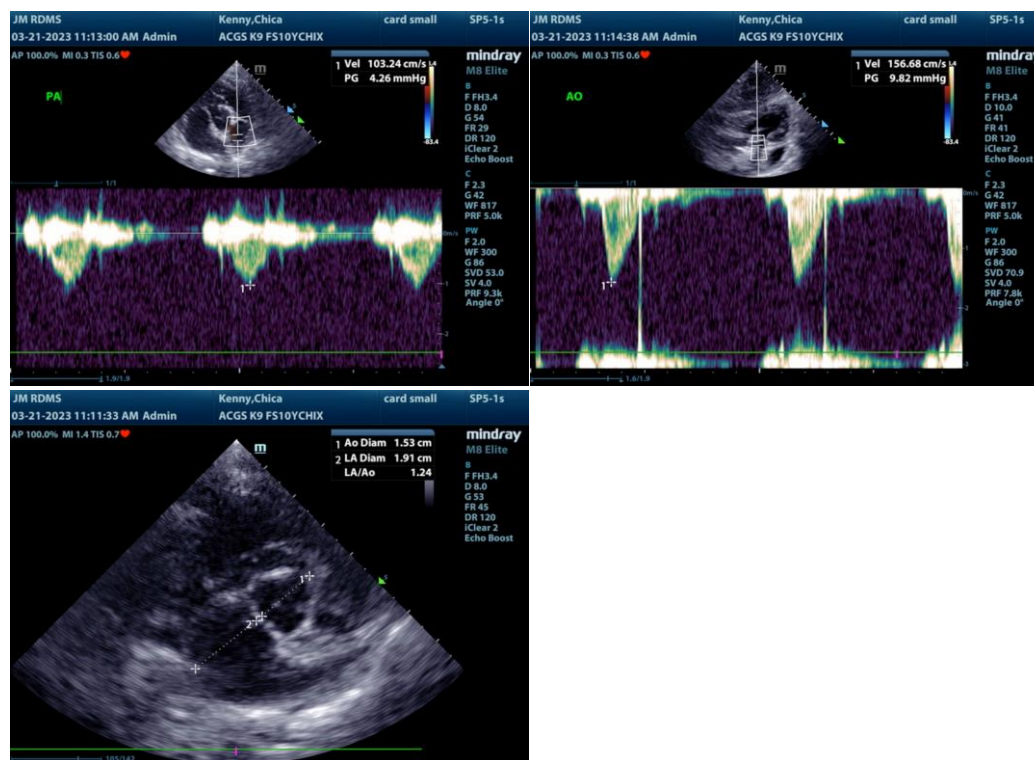
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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