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Clinical Sonography & Telecytology
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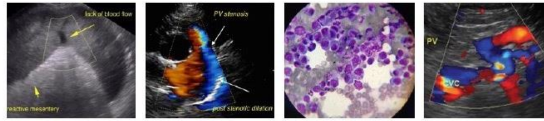

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Lucy Sabzmeydani

SPECIES

Canine

BREED

Yorkie

SEX

Female

AGE

12 years

WEIGHT

2.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Collegeway Animal Hospital

REFERRING VET

Dr. Hanna

INVOICE

10114ag

DATE

03/03/2022

PRESENTING CLINICAL SIGNS

History: congested lungs, coughing Meds: clavaseptin

Abnormal PE/Chem/CBC/UA Results: please see attached rads and BW

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	1.22	1.45	57.4	90.2	0.18
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	101	1.2	1.0		1.7	1.64	NM

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 vegetative thickening consistent with mild endocardiosis. 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 minor subjective thickening with mild 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 overall diameter (approx.1:1 pa/ao ratio) compared to the aorta. Mild PV insufficiency measuring 1.25 m/sec in diastolic velocity present on color Doppler assessment. 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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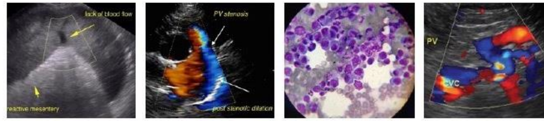

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ULTRASONOGRAPHIC FINDINGS

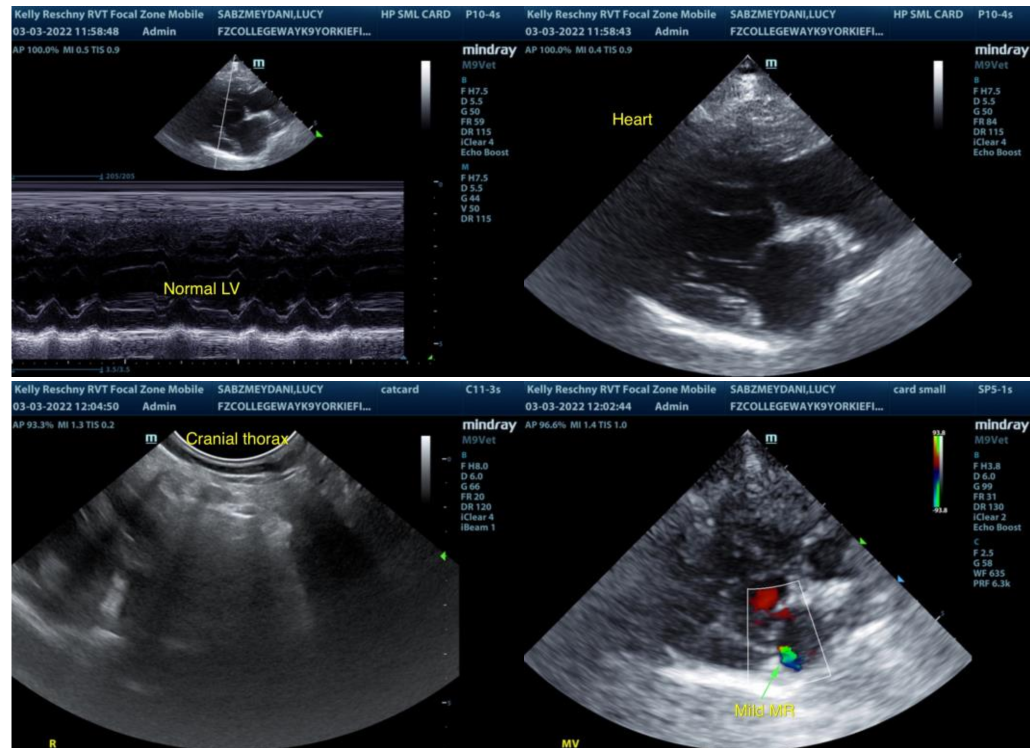
- Overtly normal cardiac structure and function.
- Mild compensated eccentric MR.
- Minor TV/PV insufficiency-estimated pulmonary pressure gradient based on TV insufficiency velocity was not consistent with clinical pulmonary hypertension.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant structural or functional cardiomyopathy such as LV systolic dysfunction, left or right heart volume overload or clinical pulmonary hypertension.

Given the cardiac presentation, any respiratory abnormalities do not appear to be cardiogenic in origin. The hemodynamic effect of the MR appears to be mild at this time given lack of LA enlargement.

Consideration for non-cardiogenic causes of lung congestion/coughing such as primary lower airway disease or potentially non cardiogenic pulmonary edema is indicated. No recommendations for cardiac medication at this time. Recheck echocardiogram suggested in 6 months for further prognosis and sooner if clinical signs consistent with cardiac disease i.e. exercise intolerance, increased resting respiration rate, arrythmia etc. are noted.



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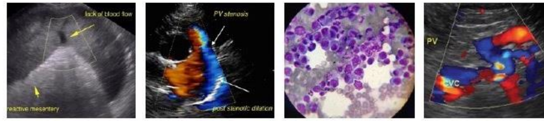

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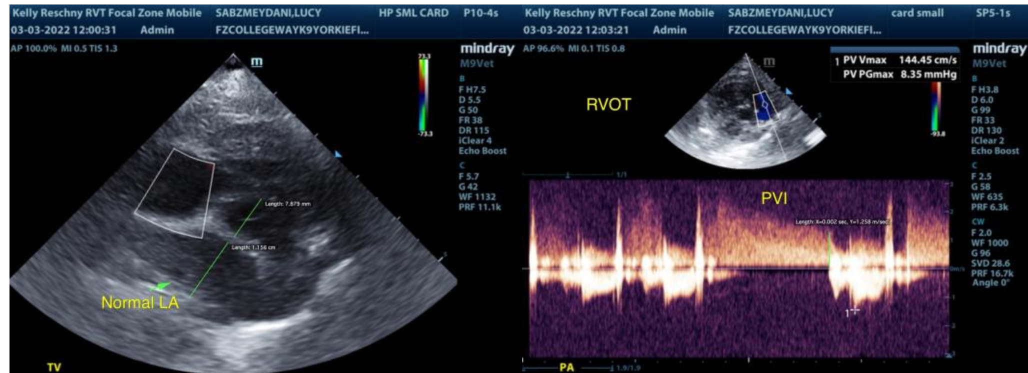

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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