


PATIENT

Skipper Kearsley

SPECIES

Canine

BREED

Papillion

SEX

MN

AGE

11yr

WEIGHT

11.1lb

PRESENTING CLINICAL SIGNS

CHF - re-assess cardiac function and see if adjustments to medications are recommended. Pro BNP 1,738. Current meds: Vetmedin 1/4 of a 5mg tab BID, benazepril 1/4 of a 5mg tab BID, Lasix 1/2 of a 12.5 mg tab BID, Dasaquin, sod & boswelvia. Vetriscience joint support, kidney support gold, glucosaquin, and Adequan monthly.

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	<1.3	28-40	40-100	<0.6
PATIENT	5.2	1.2		1.5	38	70.3	0.1
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				
PATIENT	108	1.1	1.0		3.1	2.6	

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

 Legacy Animal
 Hospital

REFERRING VET

Dr. Potenzzone

INVOICE

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DATE

03/30/2023

Cardiac Presentation

The echocardiogram for this patient presented excessive left atrial size expressed both in the LA/AO and LA max measurements. Subtle deviation of the interatrial septum towards the right atrium suggestive of mild increased left atrial pressure was noted. The cranial and caudal mitral valve leaflets presented moderate thickening consistent with endocardiosis. Doppler indicated measurable moderate 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. Normal measured LVOT velocity with mild aortic insufficiency was present on 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 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). Normal measured RVOT velocity was present. 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

- Chronic mitral valve disease (ACVIM B2).
- TV insufficiency-no clinical pulmonary hypertension.
- Minor aortic insufficiency.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically the cardiac presentation was not obviously consistent with decompensated mitral valve disease given only mild LA enlargement with normal LV volume. No evidence of other clinical issues such as LV systolic dysfunction or clinical pulmonary hypertension. Vetmedin at current dose is warranted as this medication may help prolong cardiac changes associated with mitral valve disease. Diuretic therapy is debatable and likely dependent upon current clinical status and monitoring or resting RR. ACE inhibitor medication would be suggested if increased systemic BP (>130). Omega 3 fatty acids and mild salt restriction may prove beneficial. Prognosis is highly variable and serial sonographic monitoring is required for further assessment. Recheck echocardiogram recommended in 6 months, sooner if clinically indicated.

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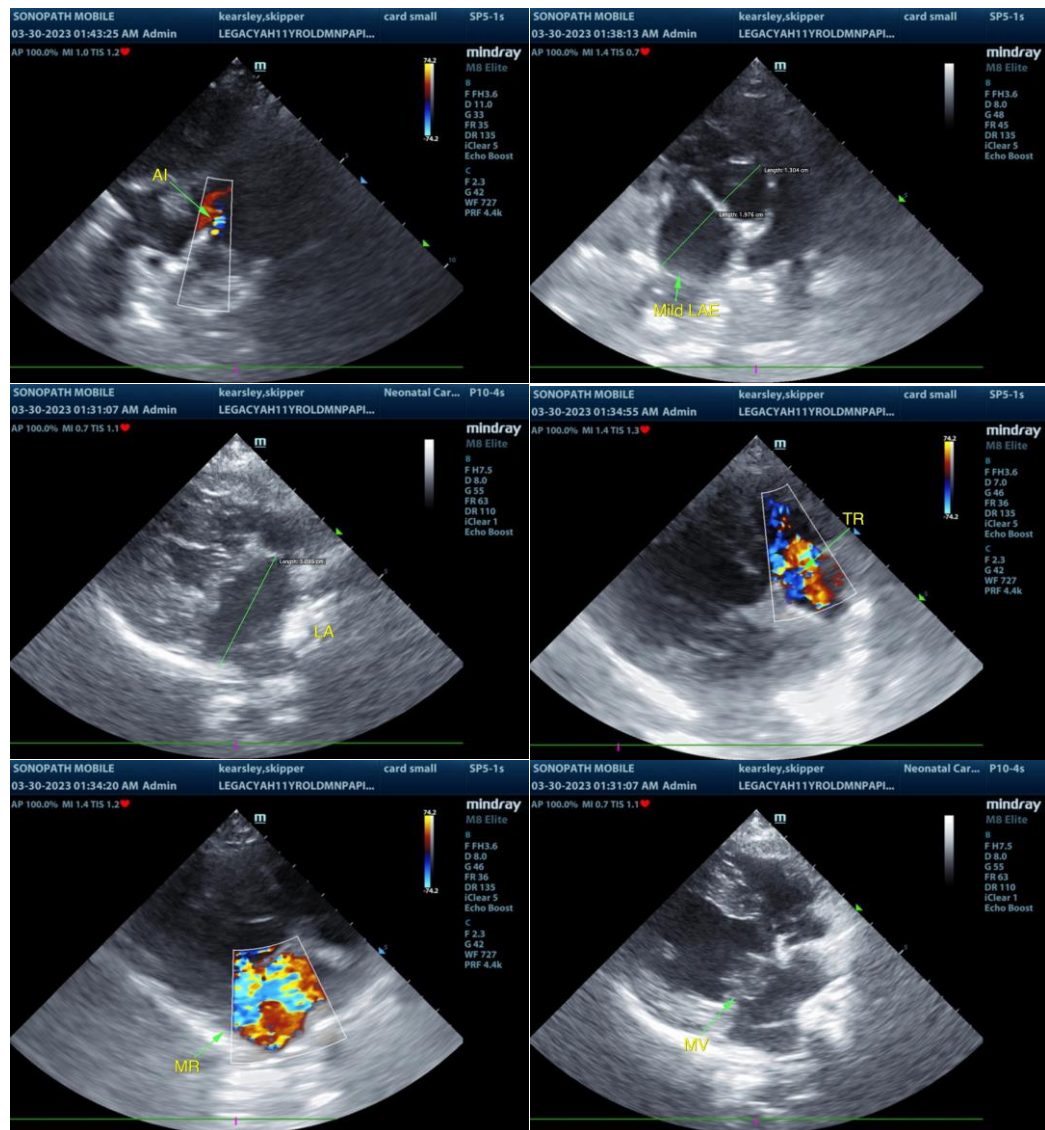
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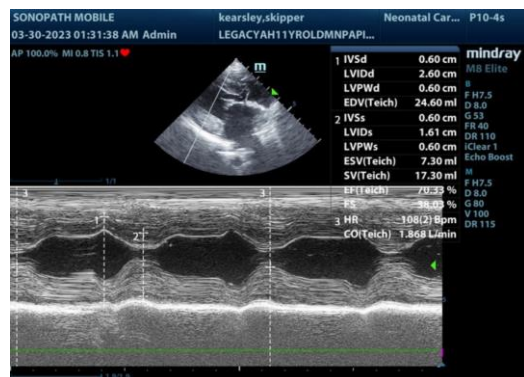
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com