



PATIENT PRESENTING CLINICAL SIGNS

Darcy Bachstein History: Enlarged heart and perihilar edema-Dx'd at another vet. Current meds: Lasix, Pheno, Kbro
 Abnormal PE/Chem/CBC/UA Results: ALP mild elevation, T4 low

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Pomeranian Mix

SEX

Spayed female

AGE

9 years

WEIGHT

10.8 pounds

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	4.6	1.0	2.5	2.5	47.0	79.2	0.26
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	156	1.0	0.75		4.1	3.7	

INTERPRETED BY

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

IMAGING PERFORMED BY Shari Reffi CVT

HOSPITAL NAME

Warren Animal Hospital

REFERRING VET

Dr. Nicole

INVOICE

10263ag

DATE

04/01/2022

Cardiac Presentation

The echocardiogram in this patient demonstrated moderate to severe increased left atrial size based on 3 different LA measurement methods. Deviation of the intra atrial septum towards the left atrium consistent with elevated left atrial pressure was present. The cranial and caudal mitral valve leaflets presented vegetative thickening consistent with endocardiosis with prolapse of the anterior leaflet. Doppler indicated measurable eccentric insufficiency. The left ventricle presented thicknesses with linear contour with increased left ventricle volume. 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 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.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease with mitral valve prolapse (ACVIM B2-C).



PATIENT

Darcy Bachstein

- Mild TV insufficiency-estimated pulmonary pressure gradient not consistent with clinical pulmonary hypertension.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

The study is consistent with chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency as a cause of the murmur (if present). The moderate to severe LA enlargement as well increased left ventricle volume indicate that the current and future risk of complication is significantly elevated. The potential for decompensation and secondary congestion is possible given the degree of LA enlargement and reported perihilar edema. Pimobendan 0.3 mg/kg PO BID with current lowest effective dose of Lasix is recommended. Assessment of BP is suggested, if BP is >130 an ACE inhibitor may also be considered (not recommended if BP <130).

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Monitoring of renal parameters, resting respiration rate at home and radiographs are suggested, Serial sonographic monitoring is required for further prognosis. Recheck echocardiogram suggested in 6mths, sooner if clinical signs consistent with left heart disease are noted.

AGE

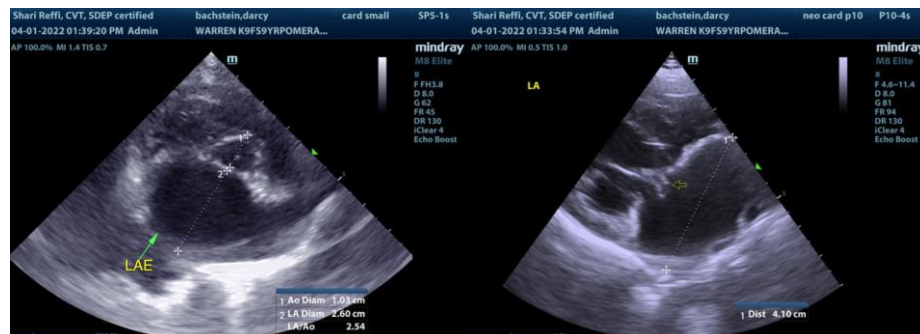
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WEIGHT

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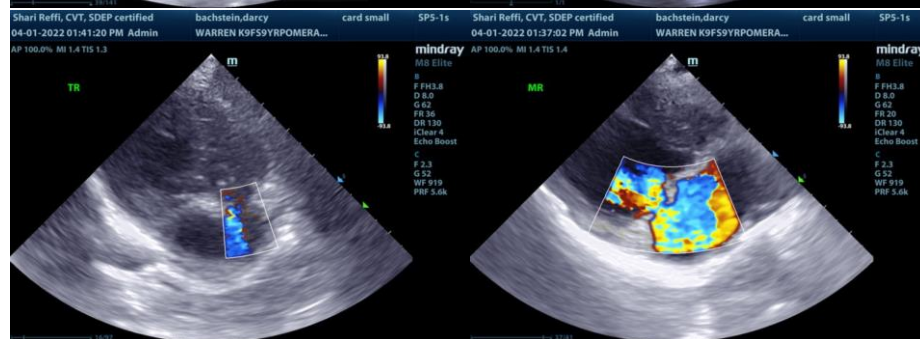
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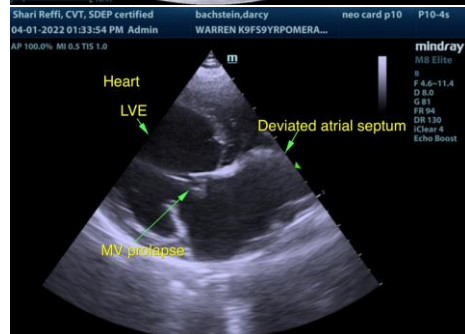


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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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info@SonoPath.com

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