



PATIENT PRESENTING CLINICAL SIGNS

Kora Poff History: new patient to rDVM. Grade III left side murmur. No clinical signs. Patient needs a dental so echo is pre-operative.

SPECIES Abnormal PE/Chem/CBC/UA Results: none reported

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Jack Russell

SEX

Spayed female

AGE

13 years

WEIGHT

15 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY
Meredith Swart

HOSPITAL NAME

Swart Veterinary
Imaging

REFERRING VET

Meredith Swart

INVOICE

10346ag

DATE

04/12/2022

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	NM	NM	NM	1.6	46.6	89	0.24
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	NM	1.3	0.9		3.2	3.1	NM

Cardiac Presentation

The echocardiogram for this patient presented excessive left atrial size expressed both in the LA/AO and LA max measurements Chamber volumes and echogenicity were normal. The cranial and caudal mitral valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable 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 adequate linear morphology. 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.



PATIENT **ULTRASONOGRAPHIC FINDINGS**

Kora Poff • Chronic mitral valve disease (early ACVIM B2).

SPECIES **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Canine The echocardiogram is consistent with chronic degenerative valvular changes and secondary eccentric mitral valve insufficiency as a cause of the murmur. The mild LA enlargement indicates that the risk of future complication is mildly elevated yet overall the heart appears with be compensated without evidence of significant left chamber enlargement. In a non-clinical patient without evidence of cardiac changes, medications are not specifically indicated at this stage however prognosis is highly variable and serial sonographic monitoring is required for further prognosis. No anesthetic contraindications however this patient may be at elevated risk for fluid overload. Judicious IVF use is advised.

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Conservative monitoring recommended at this time with initial recheck echocardiogram suggested in 6 months, sooner if clinical signs arise.

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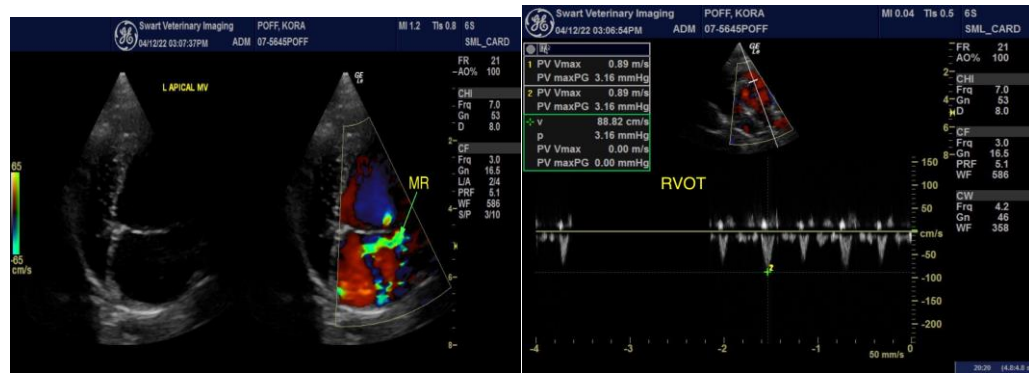
Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.

WEIGHT

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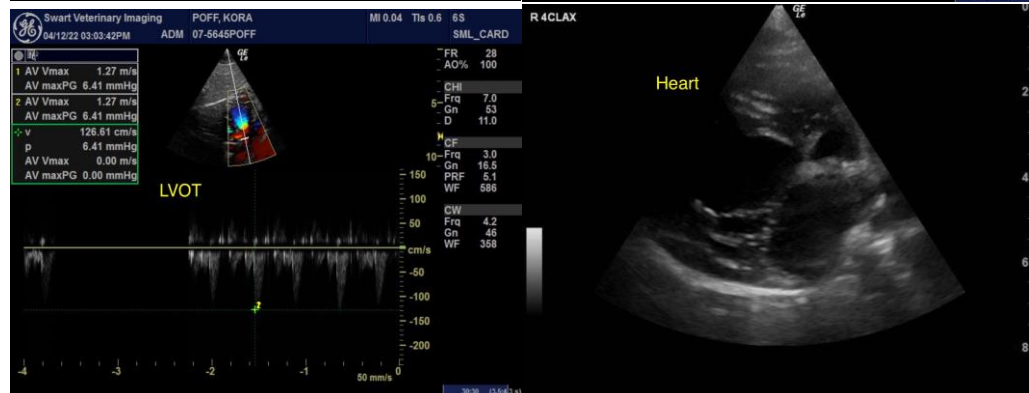
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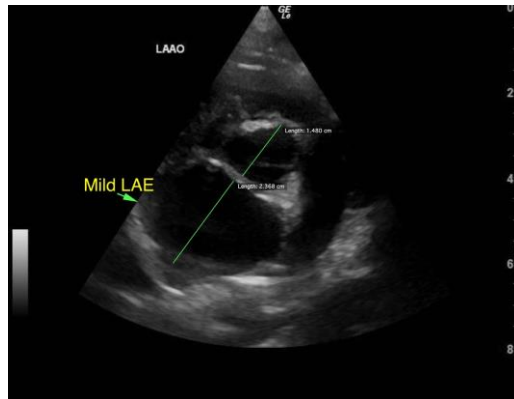
Kora Poff

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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)

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