



PATIENT

Georgie Cotrina

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

M/N

AGE

15 years

WEIGHT

15.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

New Bridge VP

REFERRING VET

Dr. Glennon

INVOICE

16580

DATE

4/12/23

PRESENTING CLINICAL SIGNS

Coughing.

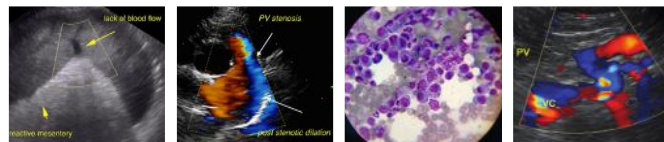
Current meds: Furosemide 12.5 1/2 tab SID, Pimobendan 3.75mg 1/2 tab BID, Metacam 0.3ml SID, Hydrocodone syrup 0.5ml 3-4 x a day

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		1.5	1.3	1.3	48	82	0.12
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	131	1.6	1.0		2.8	2.1	

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. Mild eccentric MR was present on Doppler. Doppler indicated measurable insufficiency. The **left ventricle** presented subjective mild increased thicknesses with maintained linear contour and was not dilated nor restricted. Normal LV function was noted. 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. Mild TR was present 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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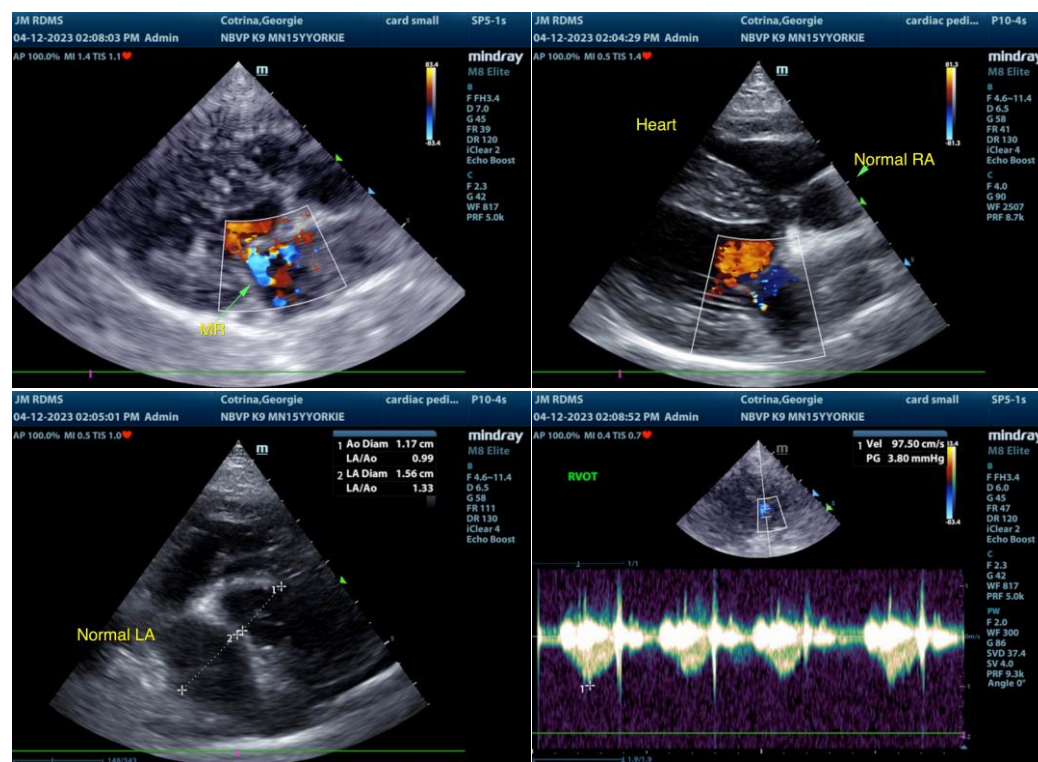
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ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram with minor LV pseudohypertrophy
- Normal LA/RA
- Minor MR/TR

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of left or right atrium enlargement, as well as normal LV volume and function indicate that the coughing in this patient is noncardiogenic in origin. No evidence of clinical pulmonary hypertension or left heart volume overload was noted. There is no indication for cardiac medications. Mild LV pseudohypertrophy likely secondary to diuretic therapy and assuming normal systemic BP. Primary upper or lower airway disease is likely. As-needed respiratory support is indicated.



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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