


PATIENT PRESENTING CLINICAL SIGNS

Donte Copp History: dog presented for not eating, grade 3 heart murmur. Owner does say he coughs a lot at home.

SPECIES Abnormal PE/Chem/CBC/UA Results: T4-low, chem/cbc pending

Canine ULTRASONOGRAPHIC EXAMINATION OF THE HEART
BREED

Maltese

SEX

Neutered male

AGE

9 years

WEIGHT

14 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	<1.3	28-40	40-100	<0.6
PATIENT	NM	NM	NM	1.48	50	85	0.2
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	1.2	0.9		2.6	2.4	NM

INTERPRETED BY

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

IMAGING PERFORMED BY
 Nicole Gotfredson

HOSPITAL NAME

Buffalo Veterinary
Clinic

REFERRING VET

Dr. Garry Gotfredson

INVOICE

10394ag

DATE

04/15/202

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 vegetative thickening consistent with endocardiosis with subtle anterior leaflet prolapse. Doppler indicated 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. 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.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B1) with subtle anterior leaflet prolapse.



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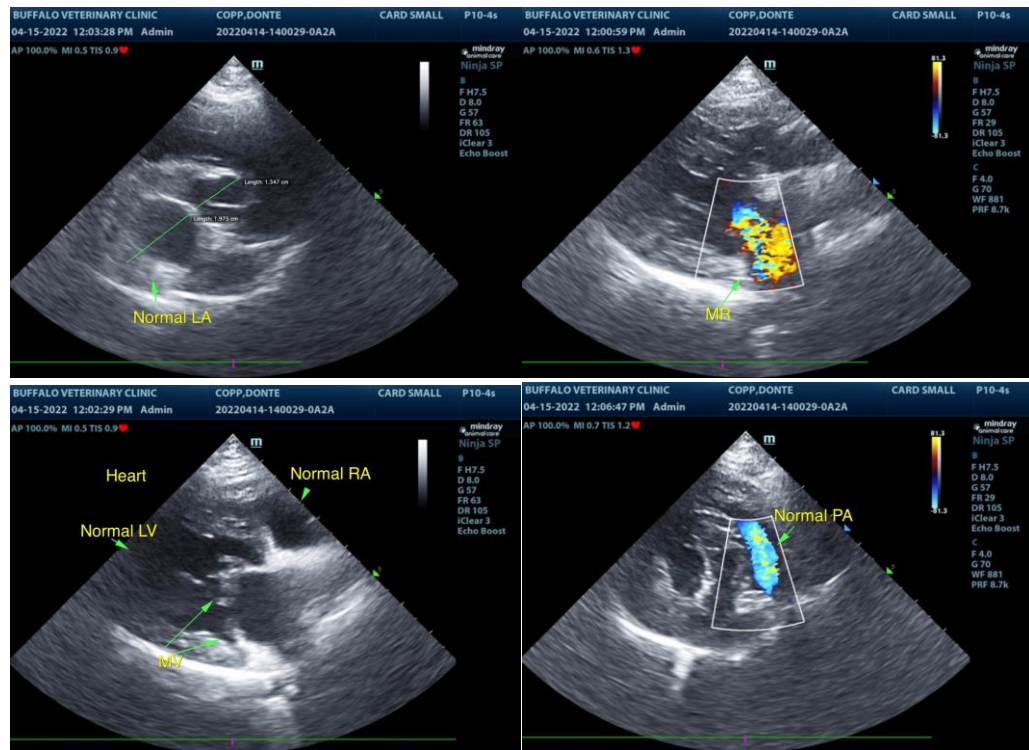
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is consistent with chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The lack of LA enlargement indicates that the current risk of complication is low yet prognosis at his stage is highly variable. No other issues such as systolic dysfunction or evidence of pulmonary hypertension were noted. No evidence of cardiogenic contribution to the patient's clinical signs was observed. In a patient without evidence of chamber enlargement cardiac medications are not overtly indicated. Conservative monitoring at this stage would be reasonable, however serial sonographic monitoring would be required for further prognosis. Primary lower airway disease is suspected as the cause of the coughing. Correlation with three view chest radiographs is suggested. Recheck echocardiogram is recommended in 6 months, sooner if clinical signs consistent with heart disease arise.



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



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