



PATIENT

Agosto Golindo

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

10y

WEIGHT

36 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Companion
Veterinary Hospital

REFERRING VET

Dr. Sptiz

INVOICE

16636

DATE

4/19/23

PRESENTING CLINICAL SIGNS

heart murmur 2/6, o reports recent dry/hacking cough OTL drops for kennel cough

Abnormal PE/Chem/CBC/UA Results: ALP 155, rest wnl

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	5.3			1.55	37	68	0.21
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	2.0	1.5		3.7	4.0	

Cardiac Presentation

The echocardiogram in this patient demonstrated mildly enlarged **left atrial** size based on 3 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented mild thickening consistent with mild endocardiosis. Doppler revealed mild to moderate eccentric insufficiency. The **left ventricle** presented thicknesses with linear contour and was not significantly 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.



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ULTRASONOGRAPHIC FINDINGS

- Compensated chronic mitral valve disease (ACVIM early to mild B2)

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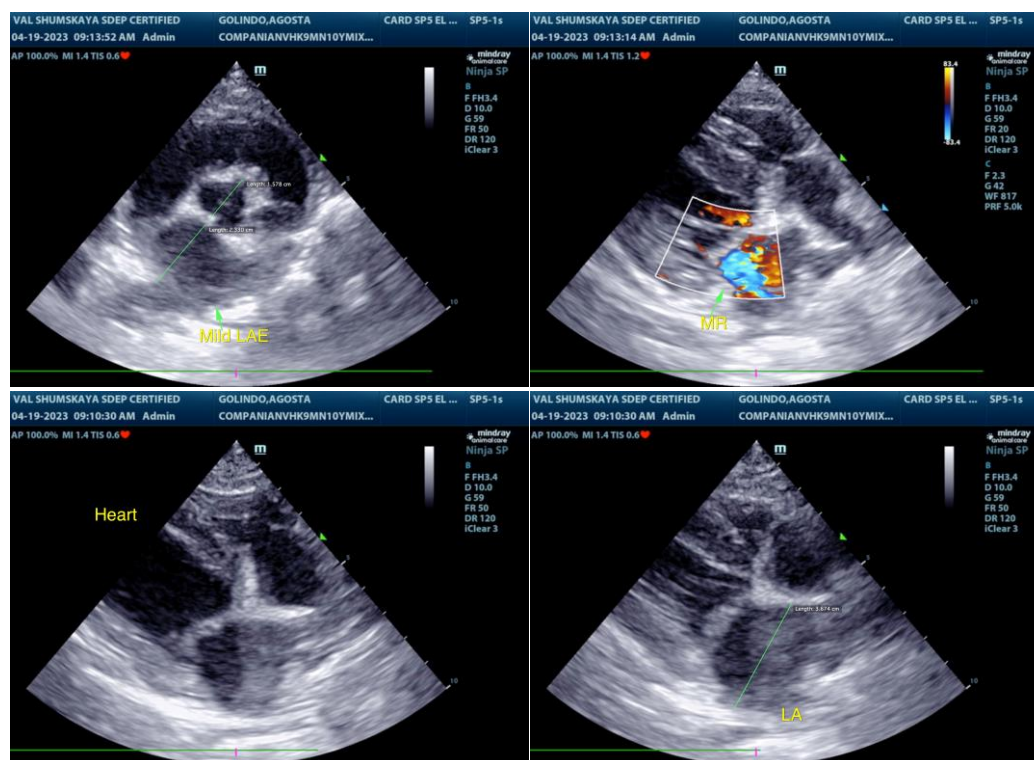
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes with secondary eccentric MR. No other additional clinical issues such as LV systolic dysfunction or evidence of clinical pulmonary hypertension were noted. Overall, the heart appears to be compensated with only mild LA enlargement based on LA/AO measurement. In a nonclinical patient without evidence of significant chamber enlargement, cardiac medications are not overtly indicated. Technically, this patient may be considered borderline for the use of Pimobendan based on Epic Study criteria. However, the heart appears to be compensated without evidence of a cardiogenic component to the patient's coughing. Non-cardiogenic cough such as primary upper/lower airway disease is likely. Prognosis may be highly variable and sonographic monitoring is recommended. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs 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.

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