



PATIENT

Gambler Williams

SPECIES

Canine

BREED

German Short-Haired Pointer

SEX

M/N

AGE

12 years

WEIGHT

33 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCE

HOSPITAL NAME

Britannia-Kingsland
Veterinary Clinic

REFERRING VET

Britannia-Kingsland
Veterinary Clinic

INVOICE

16660

DATE

4/19/23

PRESENTING CLINICAL SIGNS

Cardiomegaly on CXR. Murmur. On grain free diet for years.

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		2.5	1.5	1.3	35	63	0.7
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	1.8	1.3			5.7	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented mild thickening consistent with endocardiosis. Doppler indicated mild to moderate eccentric insufficiency. The **left ventricle** presented thicknesses with linear contour with subjective borderline increased LV 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 TR 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). Minor pulmonic insufficiency was noted on Doppler. 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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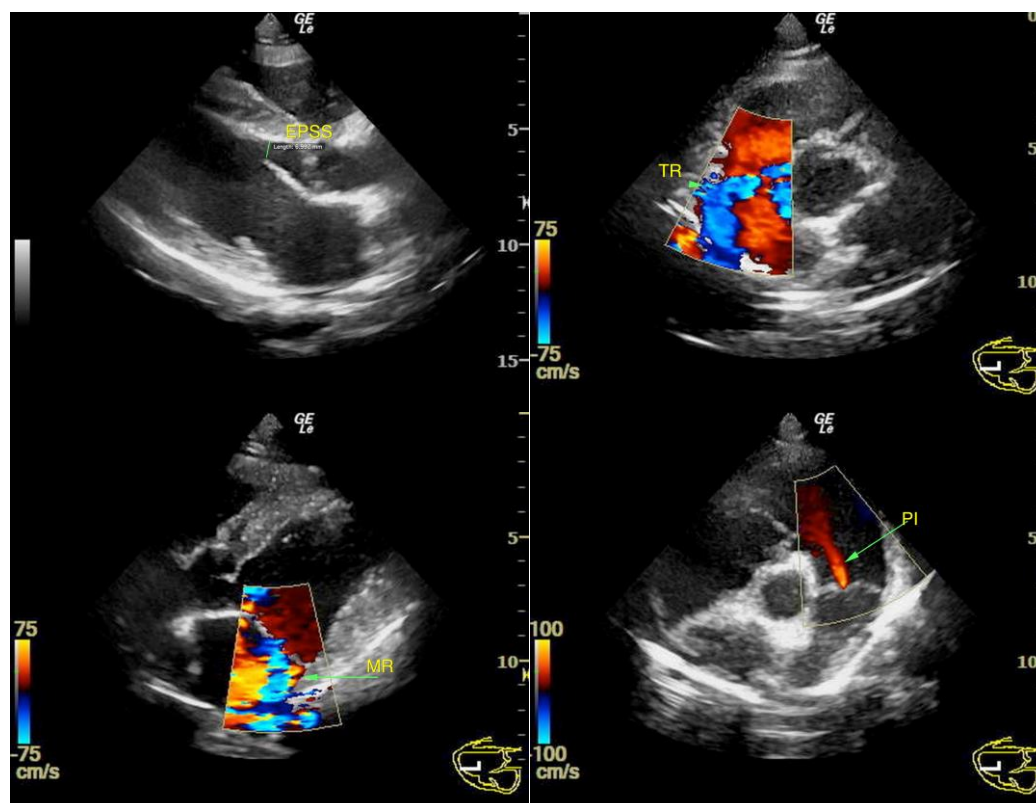
ULTRASONOGRAPHIC FINDINGS

- Compensated mitral valve insufficiency, normal left atrium
- Mild increased LV volume, normal LV contractility - DCM criteria was not met
- Mild TR - no evidence of clinical pulmonary hypertension
- Minor pulmonic insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is most consistent with chronic degenerative valvular changes with secondary eccentric MR. No overt evidence of DCM-like cardiomyopathy, given history of chronic grain-free diet. LV function was adequate. The lack of left atrium enlargement secondary to MR suggests that the risk of current and future complications secondary to MR is relatively low.

In a nonclinical patient without evidence of significant left atrium enlargement and adequate LV function, cardiac medications are not overtly indicated at this stage. However, empirical changing to a traditional diet with serial sonographic monitoring of the heart is recommended, as prognosis may be considered highly variable. Pimobendan trial may be indicated if clinical signs of heart disease, i.e., exercise intolerance, etc., are noted. Recheck echocardiogram is suggested in 6 months, sooner if clinically indicated.





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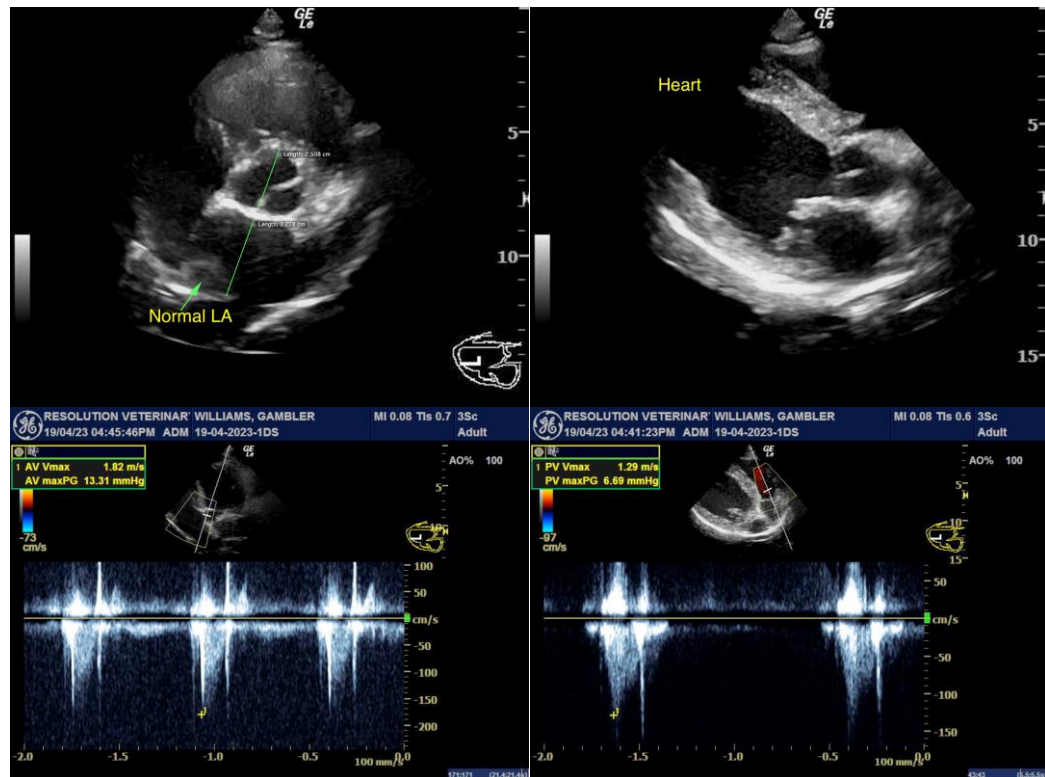
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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