



PATIENT

Gidget Bussard

SPECIES

Canine

BREED

Border Collie Mix

SEX

Spayed

AGE

12y 10m

WEIGHT

20 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Leon Anderson,
DVM

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Leon Anderson,
DVM

INVOICE

16652

DATE

4/19/23

PRESENTING CLINICAL SIGNS

2021 Echo: B1 valvular disease, Mitral and Tricuspid insufficiency. No new signs of heart failure but cardiac murmur intensity has increased. BNP up to 2546 pmol/L from 1156 pmol/L last year.

Abnormal PE/Chem/CBC/UA Results: PE: Grade IV / VI cardiac murmur, left heart base, systolic. Sclerosis normal for age, mild tartar on teeth (no treatment needed yet), RH with mild decrease in ROM, good body condition score. 4/1/23 labs: CBC: normal Chem and lytes: normal cPL: normal BNP: 2546 pmol/L UA: good Free and Total T4: good Heartworm, Ehrlichia, Lyme, Anaplasma: negative Fecal antigen and floatation screen: negative

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				1.7	46	78	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	1.1	0.75		4.2	3.5	

Cardiac Presentation

The echocardiogram in this patient demonstrated mildly enlarged **left atrial** size based on 2 different LA measurement methods. Minor deviation of the interatrial septum, suggestive of mild increased left atrial pressure, was present. The cranial and caudal **mitral** valve leaflets presented mild to moderate thickening consistent with endocardiosis. No evidence of valvular prolapse. Doppler indicated measurable moderate eccentric insufficiency. The **left ventricle** presented thicknesses with maintained linear contour with mild 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,



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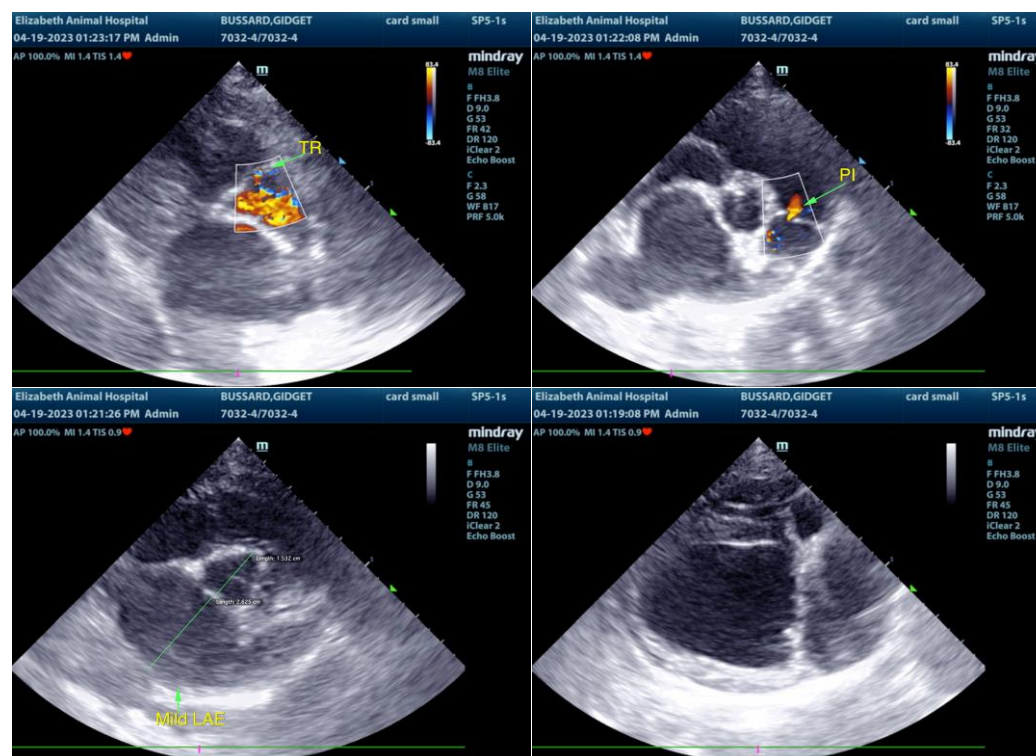
laminar flow, and diameter (approx. 1:1 pa/ao ratio). Trace pulmonic insufficiency is present on Doppler. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B2)
- Mild TR - no evidence of clinical pulmonary hypertension
- Trace pulmonic insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study shows progressive yet mild evidence of increased left chamber size secondary to MR compared to the previous study. Overall, the heart appears to remain compensated, given the lack of clinical signs. Pimobendan 0.3 mg/kg PO BID is recommended at this stage. Prognosis remains highly variably and sonographic monitoring, given the evidence of progression from the previous study, is advised. There is no overt indication for diuretic therapy at this stage, given the lack of congestive criteria. Recheck echocardiogram is recommended in 6 months, sooner if clinical signs arise. Baseline monitoring of resting respiration rate is suggested.





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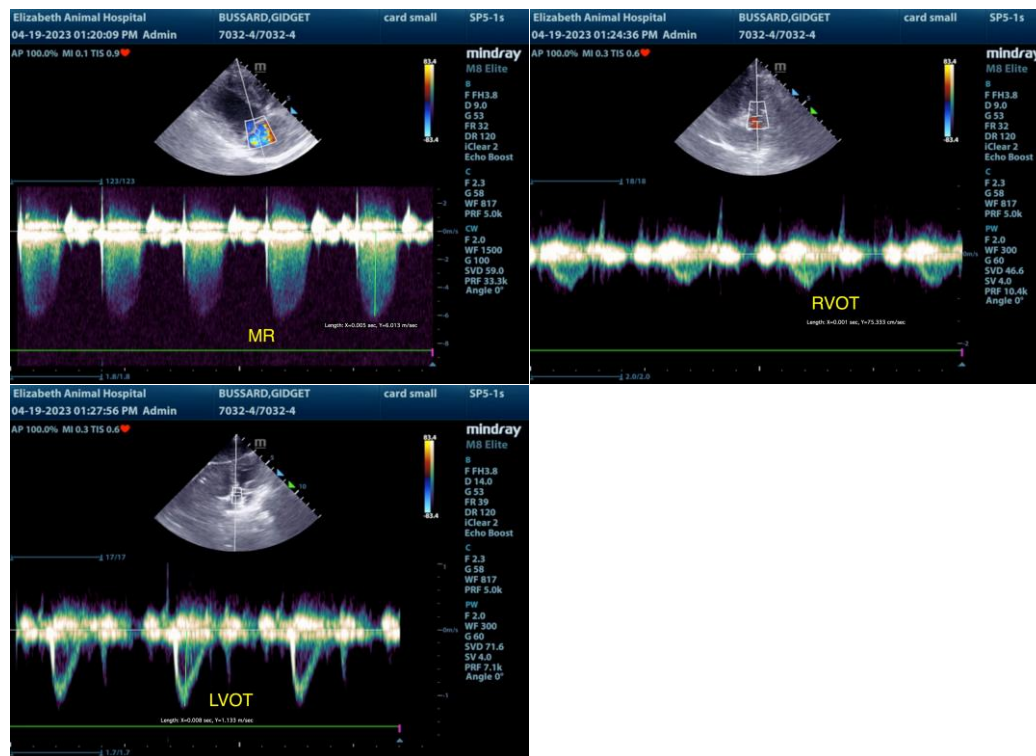
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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