



**PATIENT**

Shi Skoog

**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

FS

**AGE**

13 years

**WEIGHT**

13.8

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Hope Brossman

**HOSPITAL NAME**

Animal Mansion VH

**REFERRING VET**

Shelley Parker DVM

**INVOICE**

16655

**DATE**

4/20/23

**PRESENTING CLINICAL SIGNS**

Pet presented on emergency yesterday due to collapse. Possible syncopal episode VS other. Presented with HR of 200+ Possible mass on radiograph. Increased Resp.

Abnormal PE/Chem/CBC/UA Results: BP : 106/69 (81) 104/66 (79) 104/65 (78)

**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	<1.6	28-40	40-100	<0.6
PATIENT				3.2	≈35		
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	BELOW	BELOW	BELOW	BELOW
PATIENT	NM	NM	NM		5.2	4.5	

**Cardiac Presentation**

Severe left ventricular dilation was present with subjective diminished yet adequate systolic function. Increased EPSS and increased LV sphericity were noted. Subjective mild decreased LV wall thickness was present. Severe left atrium enlargement was evident. The mitral valve appears to be mildly thickened with no overt prolapse. Subjective eccentric moderate MR was present. The tricuspid valve was overtly normal. Subjective normal right atrium and right ventricle volume were noted. The aortic valve and pulmonic valve are overtly normal. No overt pericardial or pleural effusion was evident. No obvious cardiac tumors were visualized. Tachycardia was present.

**ULTRASONOGRAPHIC FINDINGS**

- Severely dilated LA/LV with severe left-heart volume overload
- Mitral insufficiency
- Overtly normal volume right atrium / right ventricle



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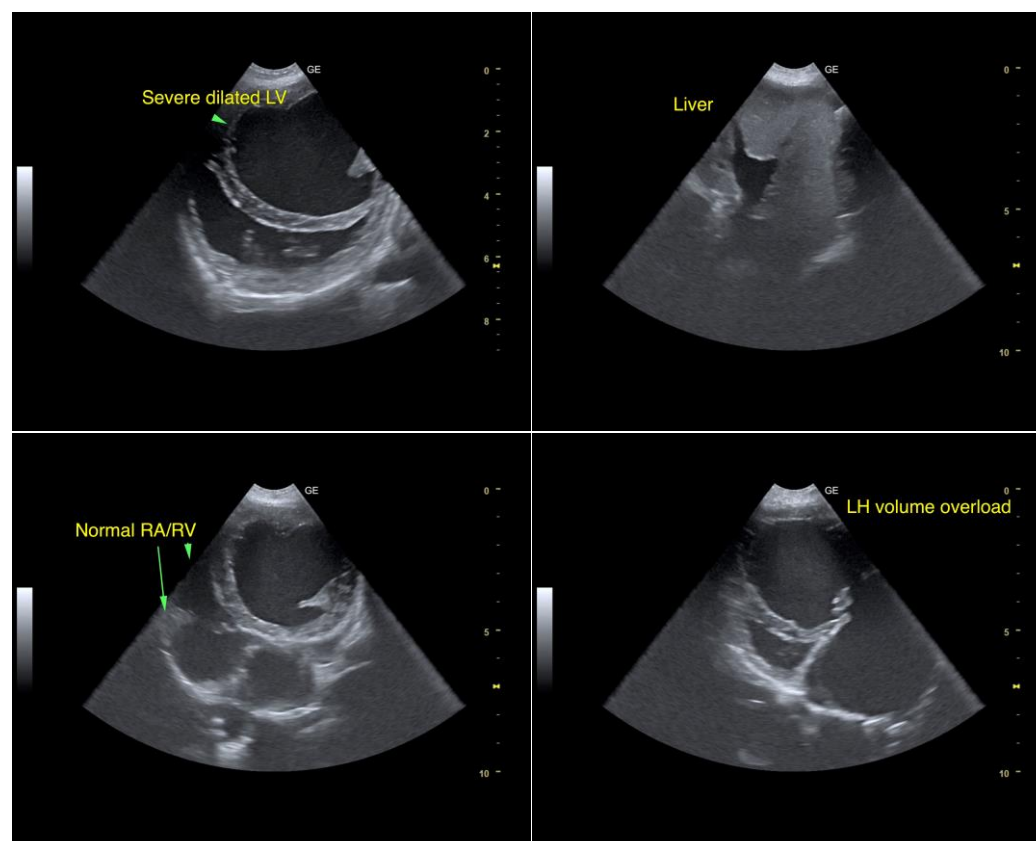
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Unfortunately, this patient has significant left-sided cardiomyopathy. This is causing dilation and severe volume overload of both the left atrium and left ventricle. Subjective moderate eccentric MR is possible.

The left-sided heart disease predisposes to pulmonary congestion while the reported tachycardia may predispose to right-sided congestion. Progressive end-stage chronic mitral valve disease with potential for DCM-like criteria, which may be primary in nature or potentially secondary to taurine deficiency, hypothyroidism, myocarditis, tachycardia-induced cardiomyopathy, and/or infiltrative disease are possible.

If clinically applicable, diet history to assess for evidence of grain-free, boutique, or exotic diets, T4 level, and troponin level may be considered. Hospitalization with as-needed supportive care and diuretic therapy, if patient is tachypneic, with ideally cardiology ECG interpretation to assess for evidence of atrial fibrillation, etc. are suggested.

Pimobendan 0.3 mg/kg PO BID and combination furosemide / spironolactone both 1.0-2.0 mg/kg PO BID +/- ACE inhibitor medication, if systemic BP >130, (not advised if BP <130), and taurine supplementation if clinically indicated is recommended. Monitoring of renal parameters, ECG, and BP going forward is advised. A poor long-term prognosis is unfortunately indicated, as this patient is at severely increased risk for continued episodes of CHF, development of malignant arrhythmias, and/or sudden death.





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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.

**INTERPRETED BY**

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

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