



## PATIENT PRESENTING CLINICAL SIGNS

**Louie Lazzara** History: Grade IV/VI systolic murmur, no clinical signs for heart dz. Geriatric patient with cognitive dysfunction. No current meds.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: wnl

Canine

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

### BREED

Mix

### SEX

Neutered Male

### AGE

13 Years

### WEIGHT

N/A

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	5.1	1.2	1.4	1.52	37.6	69.4	0.25
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	106	1.1	0.7	--	3.0	2.9	--

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

North Jersey AH

## REFERRING VET

Dr. Reidel

## INVOICE

14836

## DATE

4/21/22

### Cardiac Presentation

The echocardiogram for this patient presented minor excessive **left atrial size** expressed both in the LA/AO and LA max measurements. Chamber volumes were essentially normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis without evidence of valvular prolapse. Doppler indicated measurable 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 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). 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 B-1)
- Mild TR

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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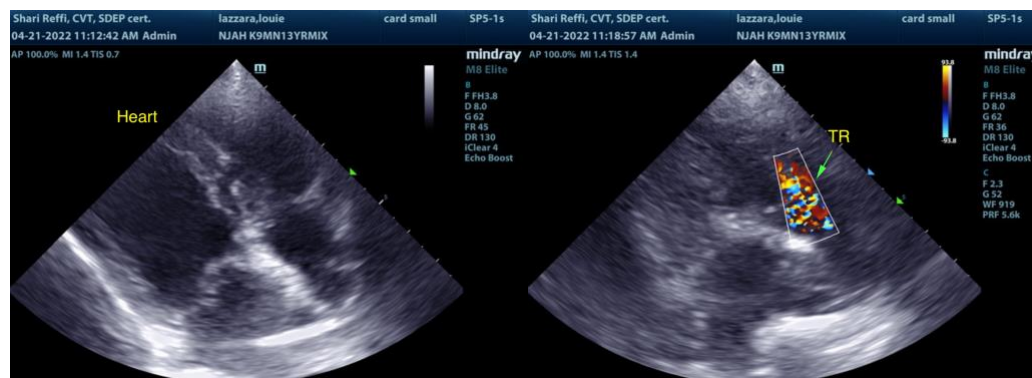
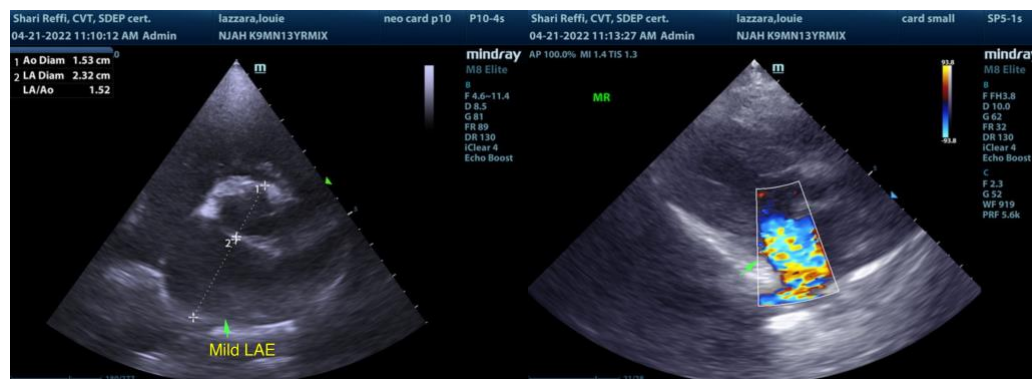
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The cause of the murmur is chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The lack of left atrial enlargement implies that the risk of complication secondary to mitral valve insufficiency is low at this time and, without current clinical signs, indicates that medical therapy is not overtly indicated. However, prognosis at this stage is highly variable and serial sonographic monitoring is required for further prognosis. Conservative monitoring is recommended with a recheck echocardiogram in 6 months, sooner if clinical signs suggestive of heart disease develop.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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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