


PATIENT

Buddy Cirinelli-Simms

PRESENTING CLINICAL SIGNS

Systolic murmur Grade II last year now Grade III/VI. VHS 11. Also has cricopharyngeal dysplasia

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Chem screen and CBC WNL

BREED

Goldendoodle

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
SEX

MN

AGE

8

WEIGHT

40

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				1.5	48	80	0.28
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				3.8	3.4	

Cardiac Presentation
INTERPRETED BY

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

The echocardiogram for this patient presented excessive left atrial size expressed both in the LA/AO and LA max measurements. The cranial and caudal mitral valve leaflets presented mild thickening consistent with endocardiosis. No evidence of valvular prolapse. Doppler indicated measurable moderate 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 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.

IMAGING PERFORMED BY

Dr. Peter Nelson

HOSPITAL NAME

 Valley Veterinary
 Service

REFERRING VET

Dr. Peter Nelson

ULTRASONOGRAPHIC FINDINGS

- Compensated chronic mitral valve disease (ACVIM minor/early B2).

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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 clinical issues such as LV systolic dysfunction, DCM criteria or evidence of clinical pulmonary hypertension. The minor LA enlargement indicated that the overall heart is stable with low risk for

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complication at this stage. No indication for cardiac medications. Given the progressive murmur, prognosis is highly variable and serial sonographic monitoring is required for further assessment. Recheck echocardiogram recommended in 6 months, sooner if clinically indicated.

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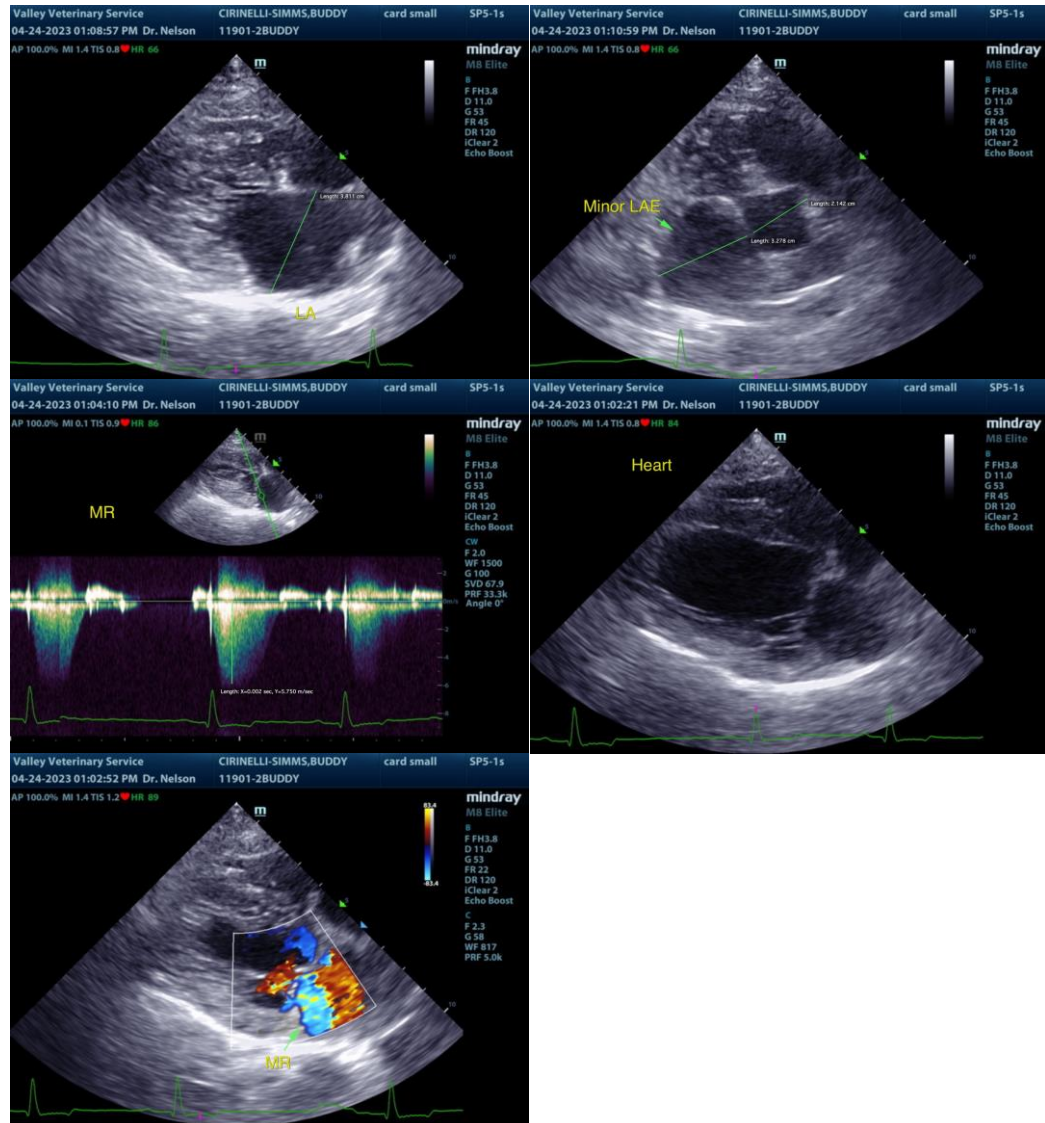
Dr. Peter Nelson

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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)
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