



PATIENT PRESENTING CLINICAL SIGNS

Angel Fisher History: Had an echo done and read out previously at sonopath that was PDA. Dog still alive and doing great. Recheck dx.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Min Pin

SEX

Female

AGE

1.5 Years

WEIGHT

6 Pounds

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	--	--	--	1.94	29.6	60.5	0.35
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				
PATIENT	NM	NM	NM	--	2.1	2.7	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Hunt

HOSPITAL NAME

Bayshore VH

REFERRING VET

Tim Hunt

INVOICE

14895

DATE

4/28/22

Cardiac Presentation

The echocardiogram demonstrated moderate left atrial enlargement based on two separate methods of LA measurement. The cranial and caudal mitral valve leaflets presented normal linear structure, extension and systole, and union in diastole with overtly normal kinesis. The left ventricle presented mild subnormal thicknesses with maintained linear contour with severe increased left ventricle volume. The myocardium presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. Contractility of the ventricular walls was mildly subnormal as evidence by the fractional shortening 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. Tricuspid valvular assessment demonstrated adequate linear morphology and kinesis. The right ventricle was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. The pulmonary outflow tract assessment revealed overtly normal valve structure yet indistinctly visualized with turbulent to dynamic RV outflow and subjective mild increased pulmonary artery diameter. No visible pericardial or free pleura fluid was noted. The cranial mediastinum and pericardial and extra-cardiac regions were free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Severe LV dilation with moderate LA enlargement- consistent with emerging left heart volume overload
- Decreased LV systolic dysfunction



PATIENT

- Normal RA/RV

Angel Fisher

- Turbulent/dynamic RV outflow

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the probable progressive degree of LA and LV enlargement in this patient, which is consistent with a shunt, in conjunction with turbulent to dynamic RV outflow on color doppler, a PDA is still considered the most probable diagnosis in this patient. The degree of LA and LV enlargement is consistent with progressive left heart volume overload with high risk of decompensation, if no current clinical signs of congestion are present.

Referral to a cardiologist is still recommended, if possible, for further assessment, however, if this option is not viable, amlodipine is likely considered the drug of choice due to benefit from decreased peripheral vascular resistance +/- Pimobendan and weak or low-dose diuretic, if clinically applicable.

Probable poor long-term prognosis is recommended in this patient with high risk of CHF. Potential development of malignant arrhythmias and/or sudden death is possible.

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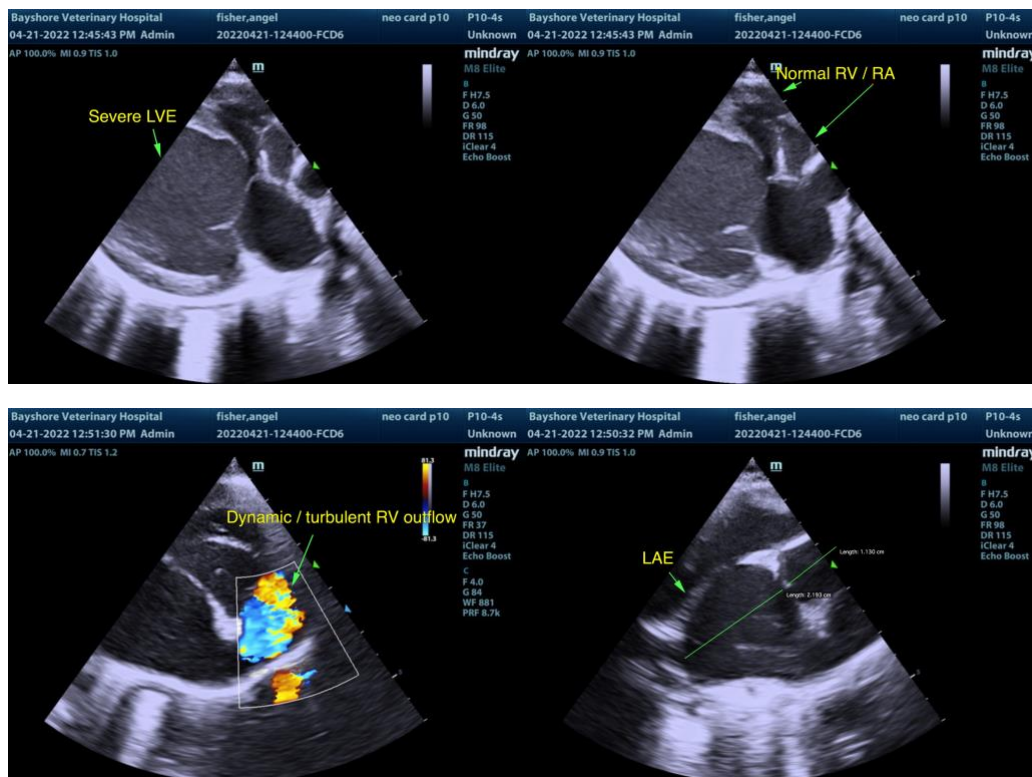
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)



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info@SonoPath.com

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