



PATIENT

Jingle Abbondanzoso

PRESENTING CLINICAL SIGNS

4/6 murmur

SPECIES

Canine

BREED

Shih Tzu

SEX

MN

AGE

15yr

WEIGHT

12.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr Ammeraal

INVOICE

13622ag

DATE

04/28/2023

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	6.2		1.3	1.3	51.8	84.6	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	148	1.0	0.6		3.4	2.7	

Cardiac Presentation

The echocardiogram in this patient demonstrated mild progressive increased left atrial size based on LA max measurement. The cranial and caudal mitral valve leaflets presented mild to moderate thickening consistent with endocardiosis. Doppler indicated measurable moderate eccentric insufficiency with mild increased measured MR velocity. The left ventricle presented thicknesses with linear contour and was not dilated yet exhibited subjective increased LV volume compared to the previous study. 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. No overt TR present on Doppler. 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 mild B2)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiogram revealed mil progressive increased LA/LV size compared to the previous study yet overall, the heart appears to be compensated consistent with lack of reported clinical signs. No other clinical issues such as LV systolic dysfunction or evidence of clinical pulmonary hypertension.



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The mild progressive LA/LV size indicates that the risk of complication secondary to MR is mildly elevated.

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Pimobendan 0.3 mg/kg PO BID is warranted at this stage, no indication for additional cardiac medications. The 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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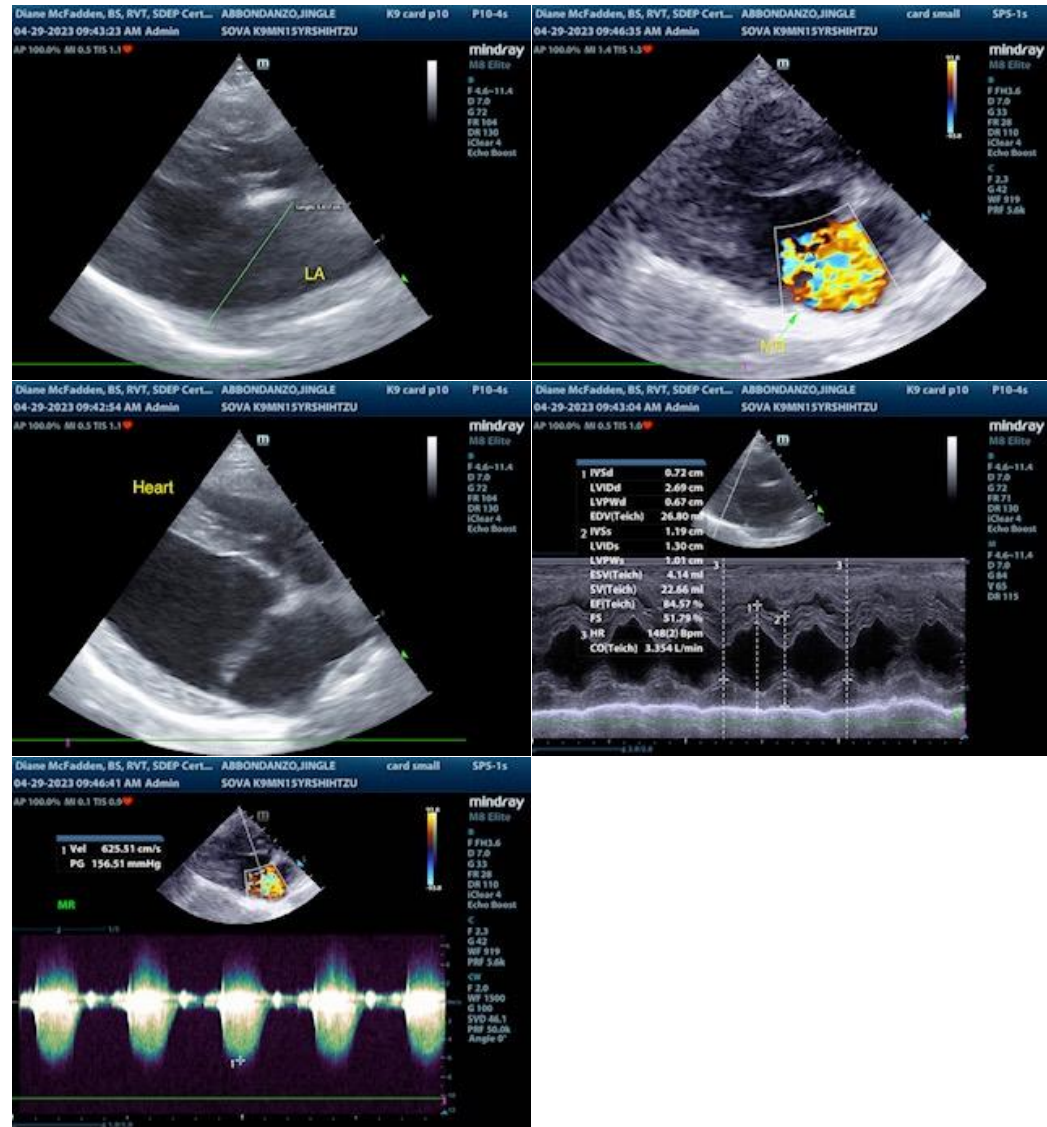
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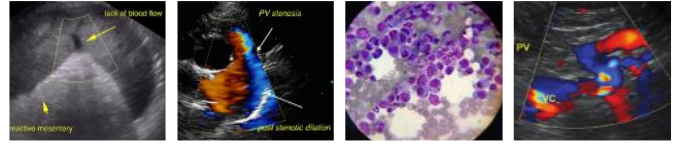
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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