



## PATIENT

Beau Worsford

## PRESENTING CLINICAL SIGNS

Echo- r/o cardiac mass Current meds: Enrofloxacin

## SPECIES

Canine

## BREED

Basset Hound

## SEX

MN

## AGE

12yr

## WEIGHT

45lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jessica Miller

## HOSPITAL NAME

Mt. Olive VH

## REFERRING VET

Dr. Logan

## INVOICE

13397ag

## DATE

04/04/2023

## 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	6.0	2.4	1.0	1.0	31	62	0.34
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	129	1.0	0.75		3.9	3.8	

## Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal mitral valve leaflets presented mild thickening consistent with endocardiosis. Doppler indicated measurable centralized to 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 borderline subnormal 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. Trace aortic insufficiency present on Doppler. 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. Mild TR present 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. Intermittent pericardial pulmonary comet tail artifact present.

## ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure with borderline LV hypocontractility.
- Normal left/right atria.
- MR.
- Mild TR.
- Trace aortic insufficiency.



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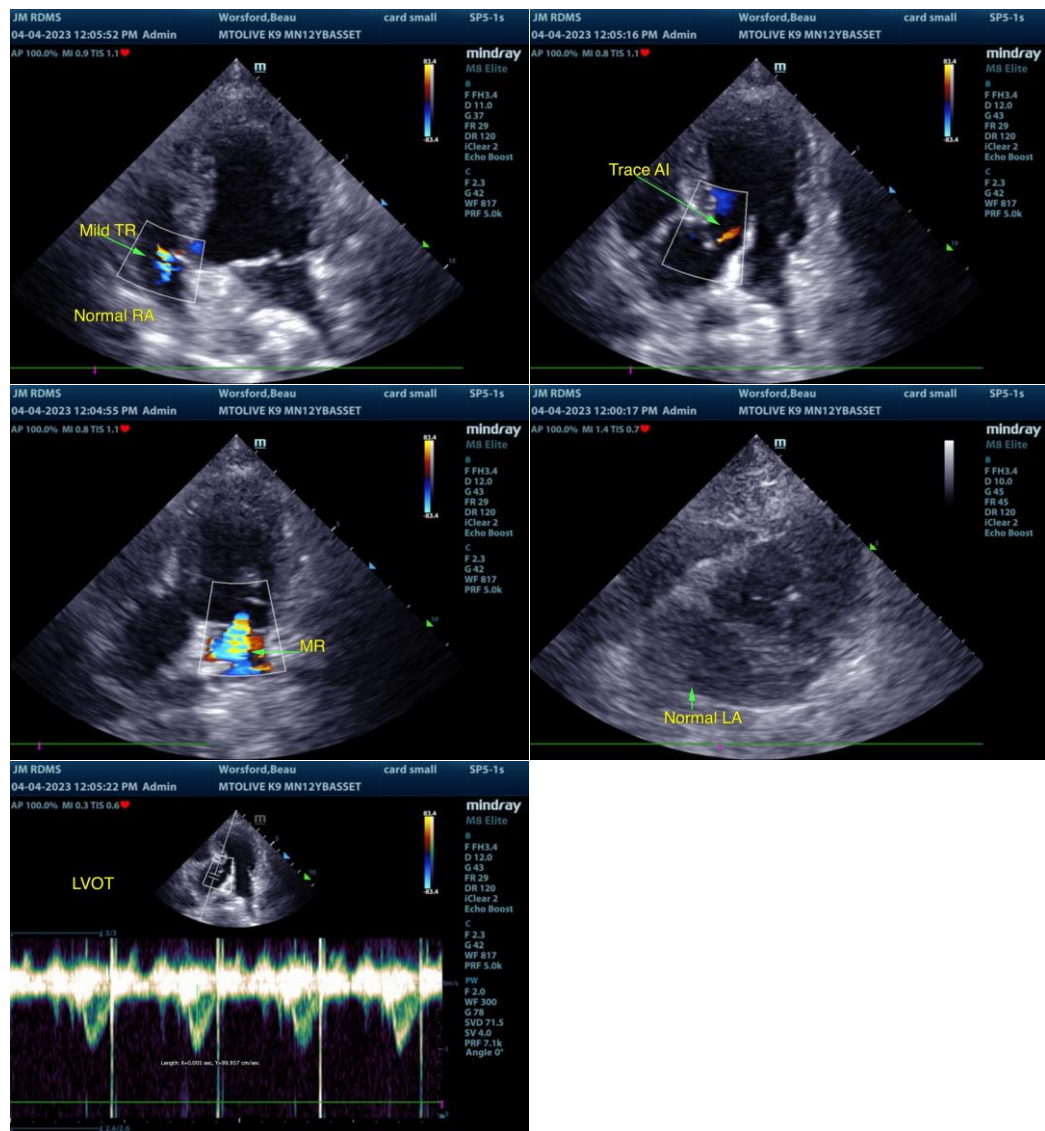
**DATE**

04/04/2023

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

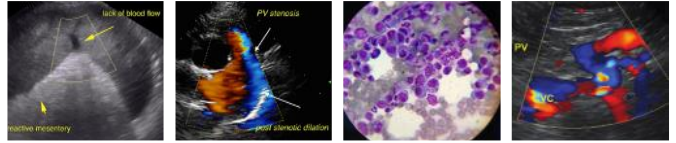
No evidence of cardiac or pericardial neoplastic criteria. Overall compensated cardiac presentation with borderline LV hypocontractility potentially indicative of patient variant or systemic disease. Correlation with full CBC/CHEM/UA/T4 to rule out underlying metabolic cause is suggested if not done. The lack of left atrial enlargement implies that the risk of complication secondary to MR is relatively low at this time and indicates that medical therapy is not required at this stage.

Recheck echocardiogram recommended in 6 months, sooner if clinical signs suggestive of heart disease develop. As needed respiratory support and therapy for radiologic pneumonia is recommended.



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 I can be of any further assistance, please contact me.



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