



PATIENT

Daisy Ramey

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

13 years

WEIGHT

9.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Kim

INVOICE

16543

DATE

4/7/23

PRESENTING CLINICAL SIGNS

5/6 murmur; Trouble breathing, resolved with torb.

Non-cardiogenic edema caudal lung lobe on rads

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT	5.4			1.4	50	85	0.19
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)	(kg)	2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	170	1.0	0.85		2.7	2.4	

Cardiac Presentation

The echocardiogram in this patient demonstrated minor enlarged **left atrial** size based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented moderate thickening consistent with endocardiosis (anterior > posterior). Minor septal leaflet prolapse was present without evidence of chordae tendineae rupture. Doppler indicated measurable moderate eccentric insufficiency. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. No evidence of LV volume overload. The **myocardium** presented mild nonuniform echogenicity consistent with age-related myocardial changes without evidence of 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. Normal measured LVOT velocity was noted. 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. No overt TR was noted 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). Normal measured RVOT velocity was noted. 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. No arrhythmia was noted.



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ULTRASONOGRAPHIC FINDINGS

- Compensated chronic mitral valve disease with mild septal leaflet prolapse (ACVIM B1- early B2)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur secondary to chronic degenerative valvular changes with eccentric MR. The lack of significant left atrium enlargement without evidence of left heart volume overload or additional clinical issues such as LV systolic dysfunction or evidence of clinical pulmonary hypertension indicates that the respiratory abnormalities in this patient and potential noncardiogenic edema are noncardiogenic in origin.

No overt indication for cardiac medications at this stage, although the prognosis is highly variable and serial sonographic monitoring is recommended. As-needed respiratory support and therapy for non-cardiogenic edema are indicated. Recheck echocardiogram is recommended in 6 months, sooner if clinically indicated.

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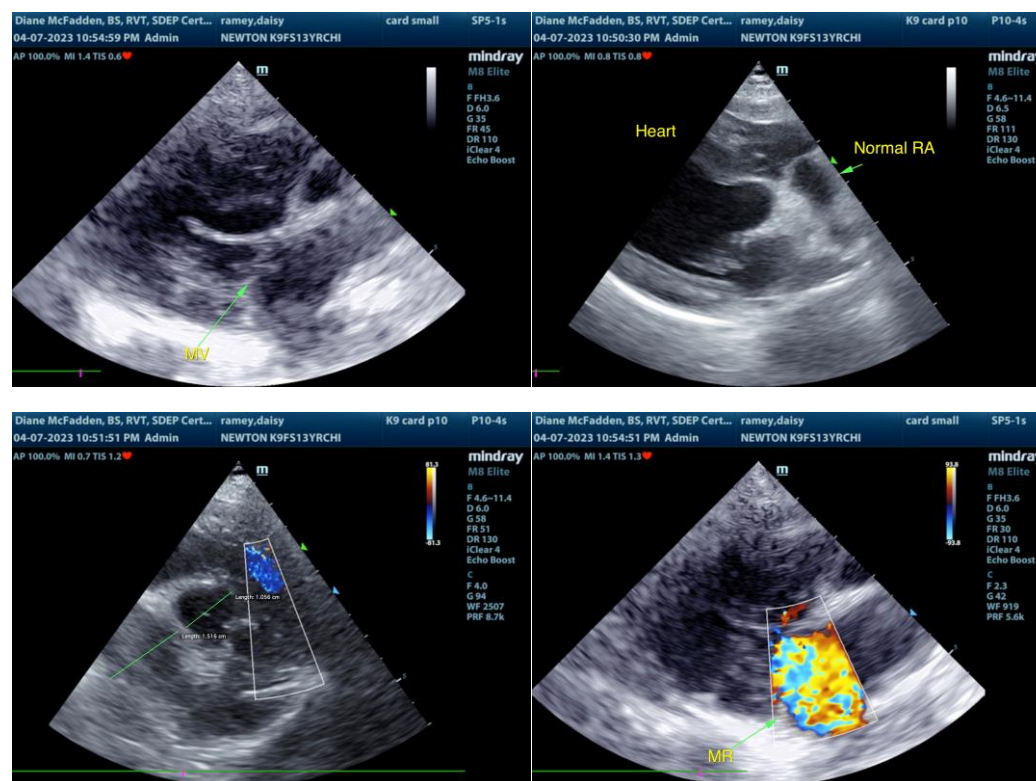
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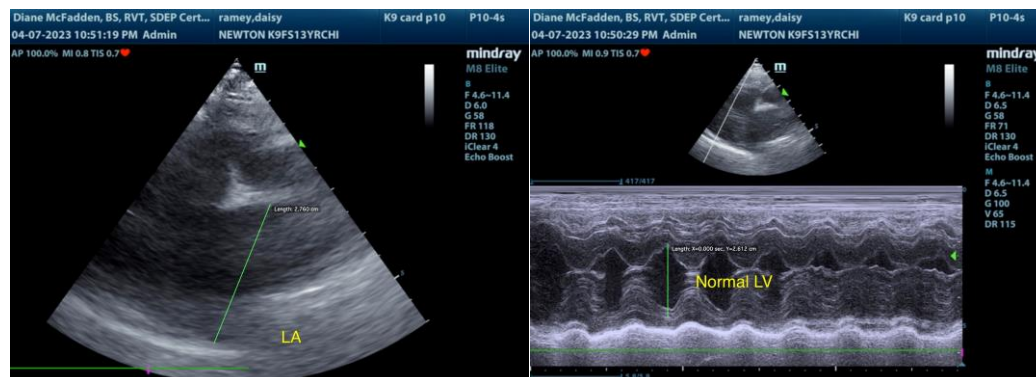
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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