


PATIENT

Mochi McAvery

PRESENTING CLINICAL SIGNS

new murmur, cardiomegaly, lethargy, ADR, PLE Current meds: Pred for PLE

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: 4/17/23 TP 2.8, ALb 1.6, Glob 1.2, BUN 32, Ca 7.1, Mg 1.4, Chol 69, Cl 124, Glu 54 SG: 1.41

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
BREED

Yorkshire Terrier

SEX

MN

AGE

10yr

WEIGHT

8.5lb

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			1.55	1.55	45	78.7	0.11
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	1.3	0.84		2.6	2.5	

INTERPRETED BY

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

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

 Ramapo Valley
 Animal Hospital

REFERRING VET

Dr. Katara

Cardiac Presentation

The echocardiogram for this patient presented excessive left atrial size expressed both in the LA/AO and LA max measurements. Subtle deviation of the interatrial septum towards the right atrium suggestive of mild increased left atrial pressure was noted. The cranial and caudal mitral valve leaflets presented moderate thickening consistent with endocardiosis. Doppler indicated moderate eccentric insufficiency. The left ventricle presented thicknesses with linear contour with mild increased LV volume. 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.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM mild B2).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes with secondary eccentric MR. The mildly increased LA/LV volume with normal LV function indicate that the risk of complication

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secondary to mitral valve insufficiency is mildly elevated.

Mochi McAvery

This patient is considered borderline for Pimobendan based on EPIC study criteria. A Pimobendan trial at 0.3 mg/kg PO BID could be considered with assessment of clinical response. This medication may help prolong cardiac changes associated with MR. No other cardiac medications indicated at this stage.

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Prognosis at this stage is variable and serial sonographic monitoring is recommended with a recheck echocardiogram in 6 months, sooner if clinical signs arise.

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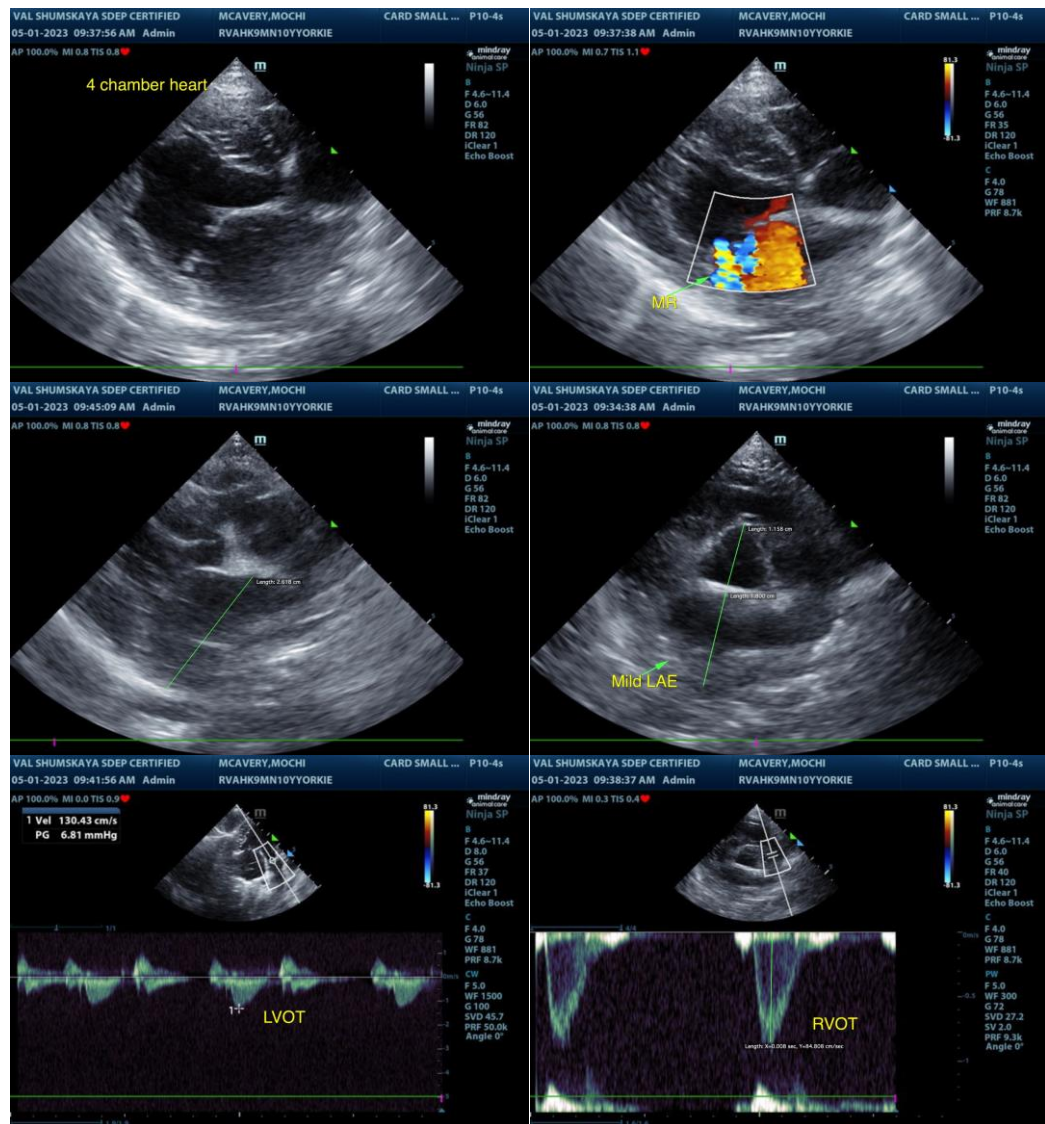
Dr. Katara

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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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mac.daniel@sonopath.com

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