



PATIENT

Zeus Paniagua

PRESENTING CLINICAL SIGNS

Pre-anesthetic CUS for possible dental. Grade III/VI murmur, asymptomatic, no current meds. (Prev. report from 10/2022)

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Pending

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Mix

SEX

MN

AGE

14yr

WEIGHT

NA

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	5.4		1.33	1.35	42	78	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	147	1.2	0.92		2.9	2.7	

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

VCA Blirstown Animal Hospital

REFERRING VET

Dr. Zeliff

INVOICE

13679ag

DATE

05/01/2023

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 moderate thickening consistent with endocardiosis with static prolapse of the septal leaflet. Doppler indicated measurable mild to moderate 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 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. Static 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. 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

- Static chronic mitral valve disease (ACVIM B1)
- Static mild mitral valve prolapse.
- Static trace aortic insufficiency.



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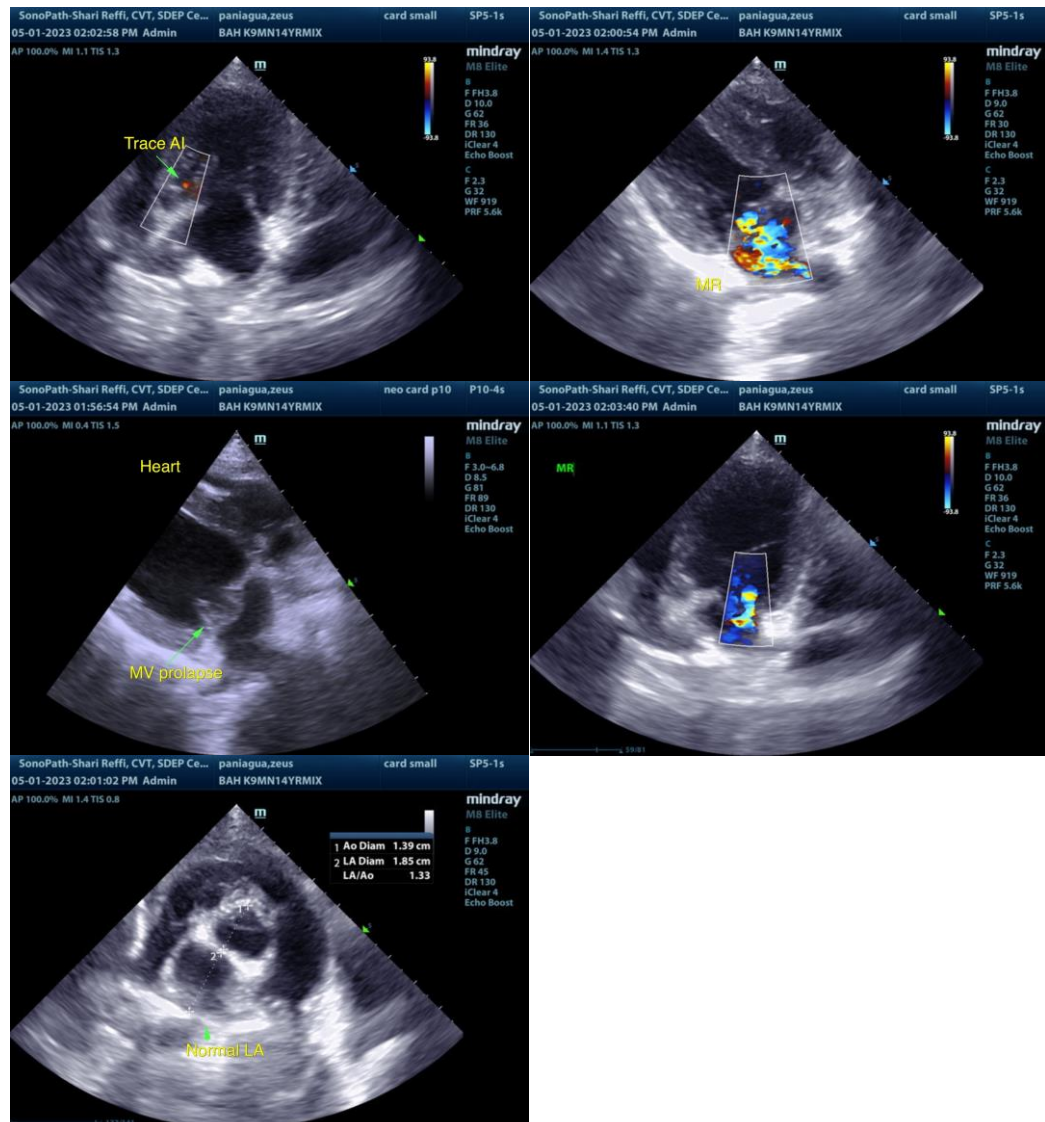
05/01/2023

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of progression from the previous study indicating that the risk of complication secondary to mitral valve insufficiency remains relatively low at this time and, without current clinical signs, indicates that medical therapy is not required at this stage.

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

No anesthetic contraindications. Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.



The information and recommendations provided are based on the images presented by the referring



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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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