



PATIENT

Sancho Wakulchyk

SPECIES

Canine

BREED

Japanese Chin

SEX

M/N

AGE

10 years

WEIGHT

3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

Resolution Veterinary
Ultrasound LTD

REFERRING VET

Healing Traditions
Holistic Veterinary Clinic

INVOICE

15124

DATE

5/11/22

PRESENTING CLINICAL SIGNS

Loud murmur. Cardiomegaly on CXR.

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	--	--	1.5	1.7	59.5	73.6	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	--	1.3	0.96	--	2.5	2.2	--

Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements. Minor deviation of the intraatrial septum toward the right atrium is suggestive of minor increased left atrial pressure was present. The cranial and caudal **mitral valve** leaflets presented vegetative thickening consistent with endocardiosis with mild valvular prolapse. Doppler indicated 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. 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 B-2)
- Mild mitral valve leaflet prolapse

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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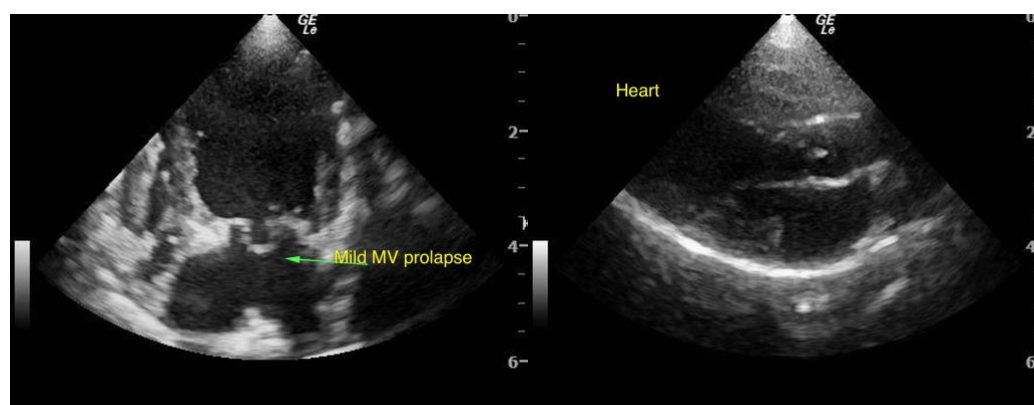
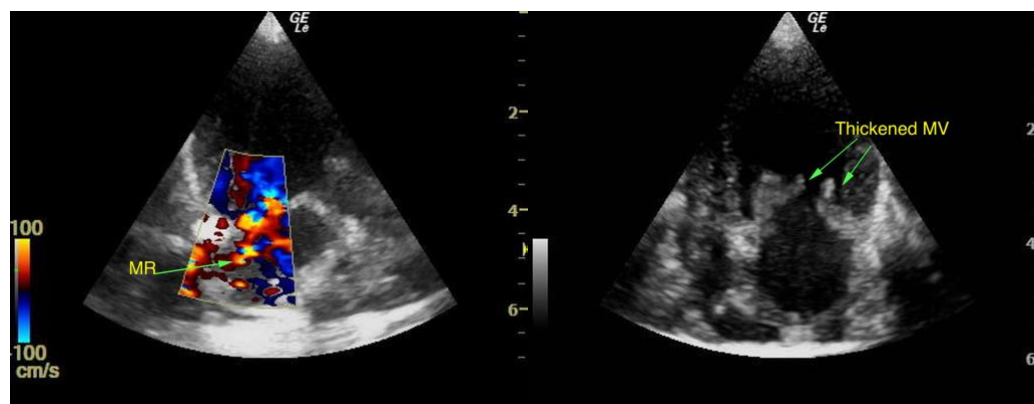
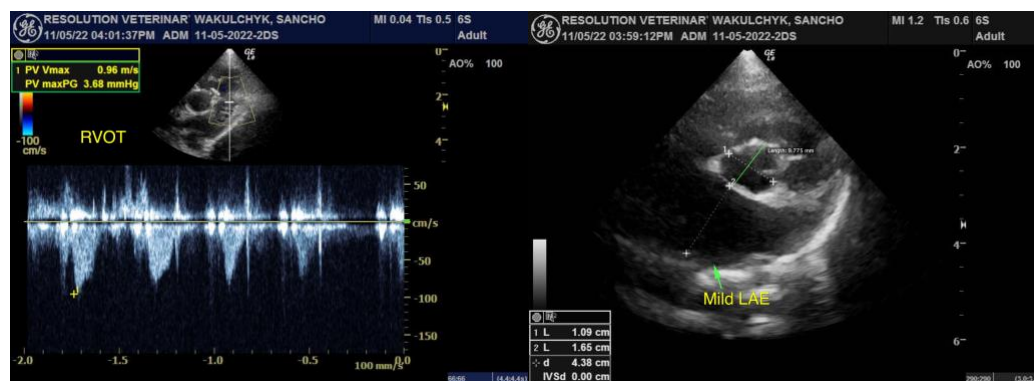
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The cause of the murmur is secondary to chronic degenerative valvular changes and mild valvular prolapse with secondary moderate eccentric mitral valve insufficiency. No other additional clinical issues, such as LV systolic dysfunction or overt evidence of clinical pulmonary hypertension were present. The lack of significant LA enlargement, as well as lack of increased LV volume, indicate that the risk of complications secondary to mitral valve insufficiency is relatively low. However, prognosis at this stage is highly variable and serial sonographic monitoring is recommended for further assessment.

In a non-clinical patient, assuming no clinical signs consistent with congestion and without evidence of significant chamber enlargement, cardiac medications are not overtly indicated at this stage. Recheck echocardiogram is suggested in 6 months or sooner if clinical signs consistent with left sided heart disease arise.





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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.

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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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