


PATIENT PRESENTING CLINICAL SIGNS

Oliver Allmon History: Grade III murmur detected on exam recently. Non clinical.
 Abnormal PE/Chem/CBC/UA Results: none performed recently

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED	CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
Yorkie								
SEX	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
MN	PATIENT		2.0		1.77	45.6	82	0.18
AGE	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)
7 yr								
WEIGHT	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
11.7 lb	PATIENT	NM	1.4	1.0		3.4	2.7	

INTERPRETED BY

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

IMAGING PERFORMED BY
 Meredith Swart

HOSPITAL NAME

Swart Veterinary
 Imaging

REFERRING VET

Meredith Swart

Cardiac Presentation

The echocardiogram for this patient presented excessive left atrial size expressed both in the LA/AO and LA max measurements Chamber volumes and echogenicity were normal. The cranial and caudal mitral valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated eccentric insufficiency. Minor TR noted on Doppler. 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

INVOICE ULTRASONOGRAPHIC FINDINGS

10601ag

- Chronic mitral valve disease (ACVIM mild B2)

DATE

05/13/2022



PATIENT **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Oliver Allmon

The cause of the murmur is consistent with mild chronic degenerative valvular changes with secondary mitral valve insufficiency. No other issues such as LV systolic dysfunction or clinical pulmonary hypertension were noted. The mild increased LA size indicated that the risk of complication is mildly increased yet overall the heart appears to be compensated. Based on Epic study criteria this patient may be considered borderline for Pimobendan administration at this stage (normalized LV internal dimension 1.65).

SPECIES

Canine

BREED

Yorkie

SEX

MN

AGE

7 yr

Given that the patient is not clinical with only mild LA enlargement present, conservative monitoring at this stage would be reasonable with serial sonographic monitoring for further prognosis. However, Pimobendan would not be contraindicated as this medication may help prolong changes associated with mitral valve insufficiency. Correlation with clinical impression is suggested. Recheck echocardiogram recommended in 6 months, sooner if clinical signs arise.

WEIGHT

11.7 lb

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(Canine and Feline)



IMAGING PERFORMED BY

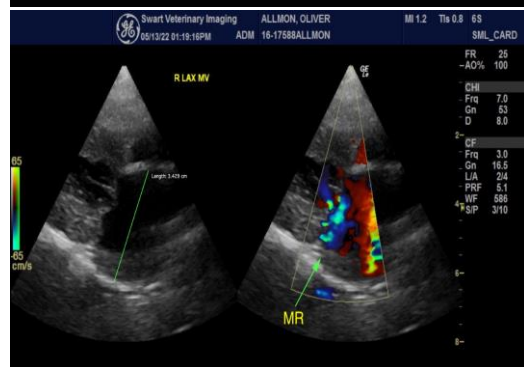
Meredith Swart

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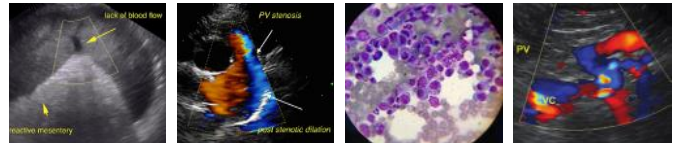


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PATIENT

Oliver Allmon

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.

SPECIES

Canine

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)

BREED

Yorkie

info@SonoPath.com

SEX

MN

AGE

7 yr

WEIGHT

11.7 lb

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