


PATIENT PRESENTING CLINICAL SIGNS

Abbey Tomasello History: possible syncope/seizure. 2/6 murmur, parasternal.

Abnormal PE/Chem/CBC/UA Results: CBC/chem/T4 wnl. UA pending

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Shih Tzu

SEX

FS

AGE

12 years

WEIGHT

16.7 pounds

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		1.4	1.3	35.1	66.1	0.24
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	102	1.2	1.5		2.8	2.9	

INTERPRETED BY

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

IMAGING PERFORMED BY
 Diane McFadden

HOSPITAL NAME

Byram Animal Hospital

REFERRING VET

Dr. Abdul-Chani

INVOICE

10503ag

DATE

05/02/2022

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 vegetative thickening consistent with endocardiosis. Doppler indicated measurable mild to moderate eccentric insufficiency. No evidence of valvular prolapse of chordae tendinea rupture. 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). Trace PI noted on Doppler measuring 0.9 m/s end diastolic velocity. 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 overt evidence of arrhythmia.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B1)



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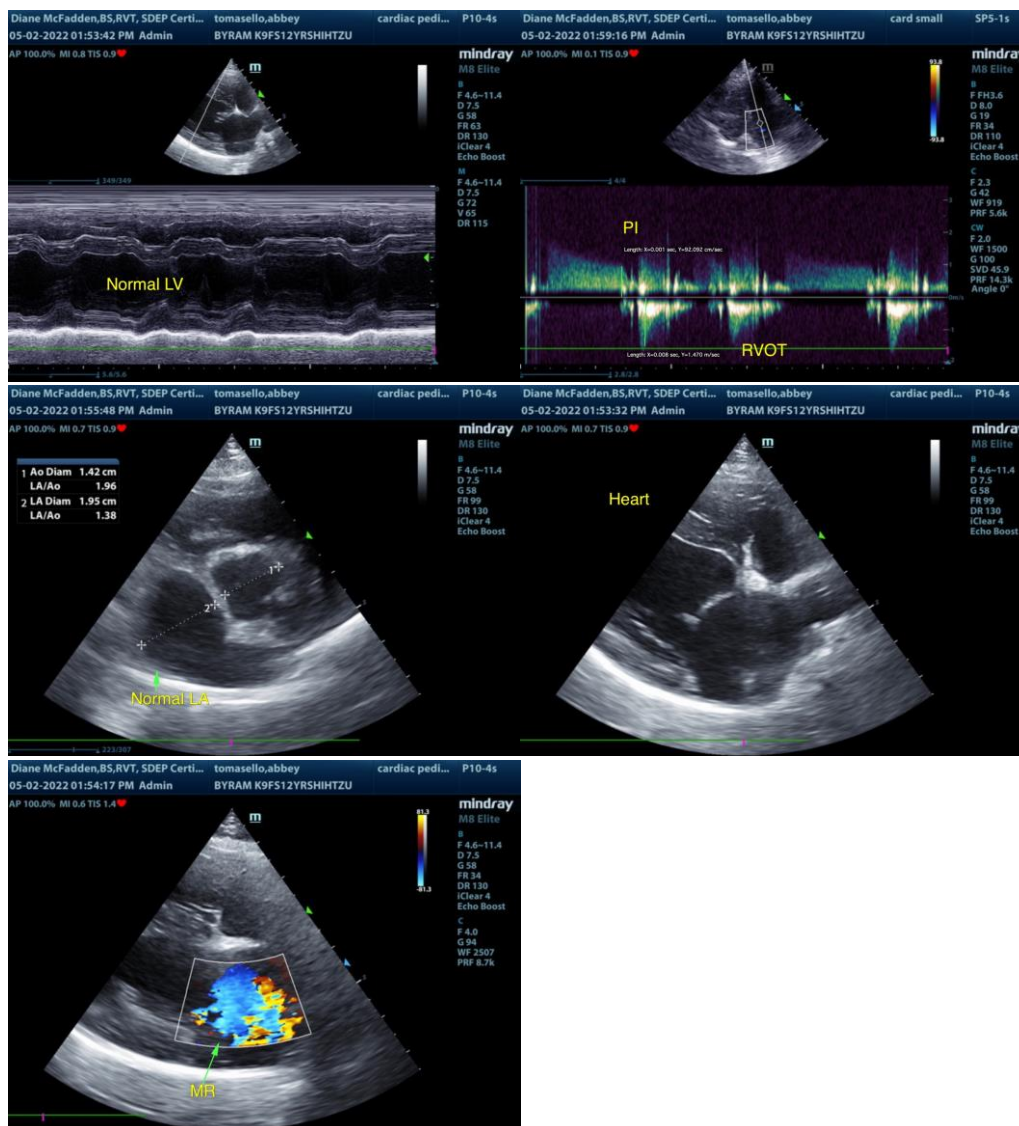
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is secondary to chronic degenerative valvular changes with mild eccentric mitral valve insufficiency. No other clinical issues such as LV systolic dysfunction, arrhythmogenic disease or evidence of clinical pulmonary hypertension were present. The possibility of intermittent to paroxysmal arrhythmia as the potential cause of syncopal episode cannot be definitively excluded. ECG assessment +/- Holter could be considered if clinically indicated. In a nonclinical patient, cardiac medications are not indicated at this stage. Serial sonographic monitoring is required for further prognosis. Recheck echocardiogram suggested in 6 months, sooner if clinical signs consistent with heart disease arise.





PATIENT

Abbey Tomasello

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)

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