

PATIENT

Ace Gardner

SPECIES

Canine

BREED

Boston Terrier

SEX

MN

AGE

13 years

WEIGHT

17.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Animal Care Centers
of Flanders

REFERRING VET

Dr. Hallihan

INVOICE

16768

DATE

5/9/23

PRESENTING CLINICAL SIGNS

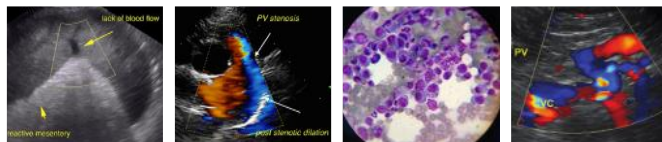
assess for anesthesia for dental procedure. Had trazadone 50 mg this morning
Abnormal PE/Chem/CBC/UA Results:lymphocytes incr 32; USPG 1.040

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT	5.5	3.5 MAX	1.1	1.1	37.5	70	0.2
CANINE	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)
CARDIAC PARAMETERS							
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	137	1.0	0.7		2.6	2.4	

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 mild to moderate thickening consistent with endocardiosis. No evidence of mitral valve prolapse was noted. Doppler indicated measurable eccentric insufficiency and subjective two separate jets. 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 concurrent mild thickening with mild TV prolapse. Mild TR was present on Doppler. 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.



PATIENT

Ace Gardner

SPECIES

Canine

BREED

Boston Terrier

SEX

MN

AGE

13 years

WEIGHT

17.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Animal Care Centers
of Flanders

REFERRING VET

Dr. Hallihan

INVOICE

16768

DATE

5/9/23

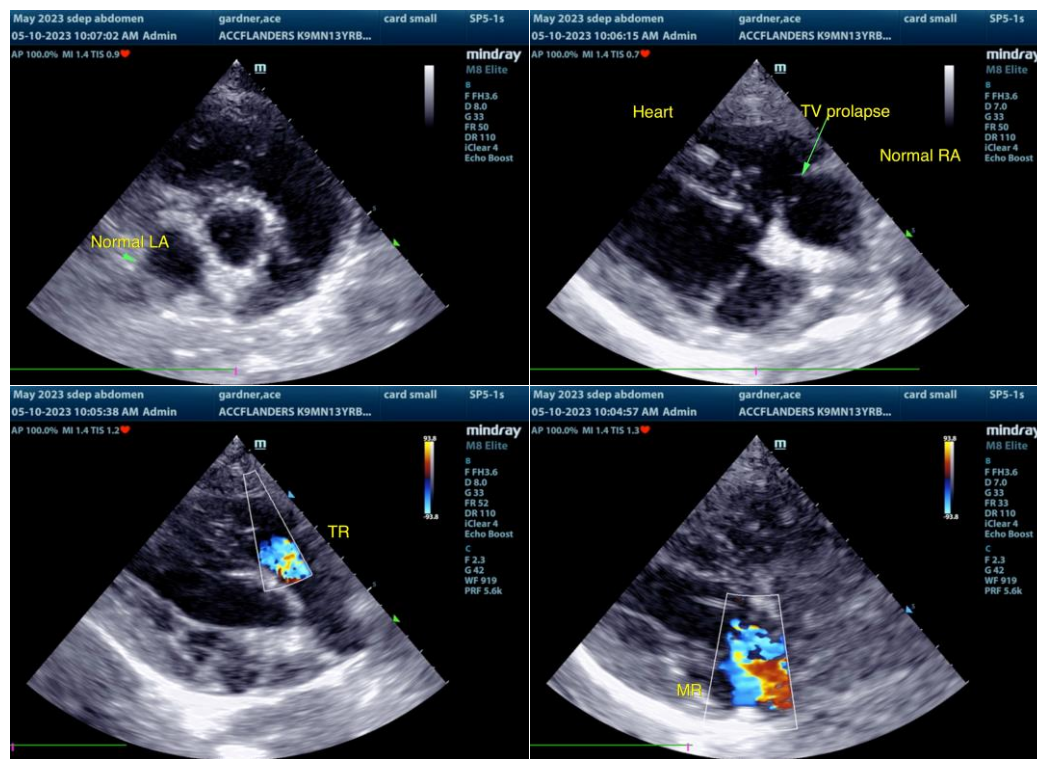
ULTRASONOGRAPHIC FINDINGS

- Compensated chronic mitral valve disease (ACVIM B1)
- TR - estimated pulmonary pressure gradient suggestive of mild increased pulmonary pressure yet not overt consistent with clinical pulmonary hypertension

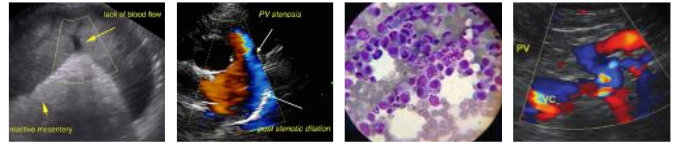
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of left heart volume overload indicates that the current and future risk of complications secondary to MR is low at this stage. In a nonclinical patient without evidence of chamber enlargement, medications are not overtly indicated. Conservative monitoring of the murmur in this patient is recommended, as well as monitoring for clinical signs consistent with possible emerging pulmonary hypertension. However, no evidence of cor pulmonale was noted. No overt anesthetic contraindications are noted. The following anesthetic protocol is suggested. Prognosis may be considered variable and serial sonographic monitoring is advised. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs consistent with left-sided heart disease or clinical pulmonary hypertension arise.

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 veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Ace Gardner

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.

SPECIES

Canine

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

BREED

Boston Terrier

SEX

MN

AGE

13 years

WEIGHT

17.5 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Diane McFadden

HOSPITAL NAME

Animal Care Centers
of Flanders

REFERRING VET

Dr. Hallihan

INVOICE

16768

DATE

5/9/23