



PATIENT PRESENTING CLINICAL SIGNS

Roxy Lopez History: 10 yo FS mixed breed, new heart murmur heard on routine PE

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Mixed

SEX

Spayed Female

AGE

10 Years

WEIGHT

6 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	--	--	NM	1.0	38.1	71.7	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	NM	--	--	--	2.	2.1	--

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 vegetative thickening consistent with likely mild endocardiosis. Color doppler indicated subjective mild 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Elaine Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

Dr. Elaine Petrone

INVOICE

16069

DATE

6/13/22

ULTRASONOGRAPHIC FINDINGS

- Probable compensated chronic mitral valve disease (ACVIM B-1)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



PATIENT

Roxy Lopez

The cause of the murmur is most likely consistent with mild chronic degenerative valvular changes and secondary mild eccentric mitral valve insufficiency. No other clinical issues, such as LV systolic dysfunction or evidence of additional valvular insufficiencies were noted. The possibility of additional small flow abnormality or benign flow murmur as a contributing factor to the heart murmur cannot be definitively excluded. Regardless, the lack of left or right heart chamber enlargement and overall normal cardiac structure and function, indicate that the hemodynamic effects of the murmur are low and that current and future complications, going forward, secondary to the murmur is low.

SPECIES

Canine

No indication for cardiac medications. Conservative monitoring of the murmur, at this stage, would be appropriate. Recheck echocardiogram suggested in 6-12 months or sooner if clinical signs consistent with heart disease arise or if murmur intensity progresses.

BREED

Mixed

SEX

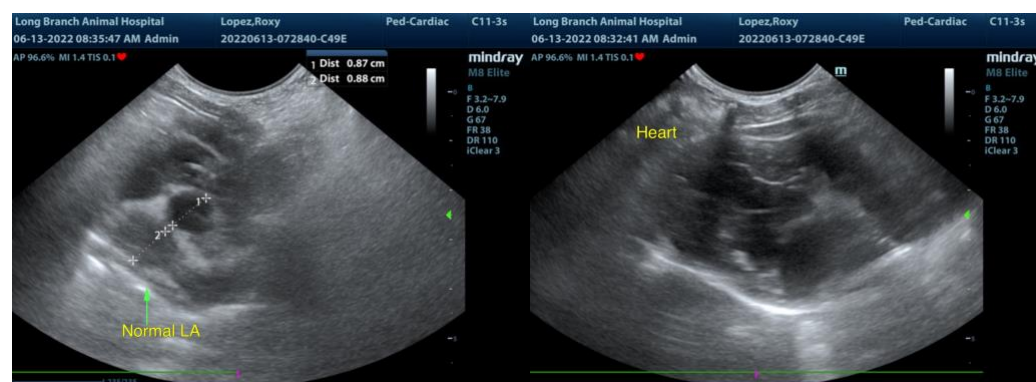
Spayed Female

AGE

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WEIGHT

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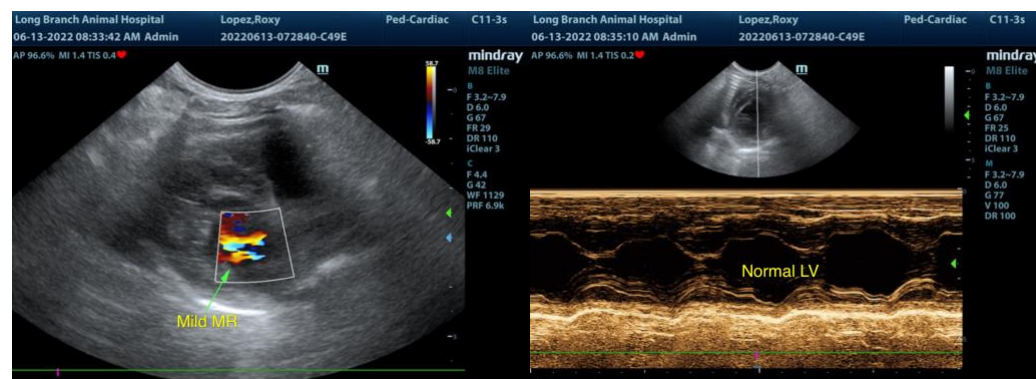


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dr. Elaine Petrone

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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