



## PATIENT

Pooh Zakim

## SPECIES

Canine

## BREED

Standard Poodle

## SEX

MN

## AGE

16 years

## WEIGHT

42.2 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jessica Miller

## HOSPITAL NAME

Oakland AH

## REFERRING VET

Dr. Gordon

## INVOICE

14105

## DATE

6/15/22

## PRESENTING CLINICAL SIGNS

Supraventricular tachycardia, sinus tachycardia w/ APCs shown on ECG 6/13/22. Came in for dental.  
Current meds: Gabapentin 200mg 1 tab BID

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
<b>CARDIAC PARAMETERS</b>	<b>VMAX</b> (m/s)	<b>VMAX</b> (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
<b>PATIENT</b>	5.1		1.1	1.3	34.3	66.8	0.28
<b>CANINE</b>	<b>HR</b> (BPM)	<b>AV</b> <b>VMAX</b> (m/s)	<b>PV</b> <b>MAX</b> (m/s)	<b>BODY WEIGHT</b> (kg)	<b>LA</b> 2D short axis Base view (cm)	<b>LVIDd</b> Avg; 2D and m-mode short axis (cm)	<b>LVIDs</b> Avg; 2D and m-mode short axis (cm)
<b>CARDIAC PARAMETERS</b>							
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	128	1.0	0.95		3.68	3.5	

## 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 primarily 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 minor thickening with mld TR 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.


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**ULTRASONOGRAPHIC FINDINGS**

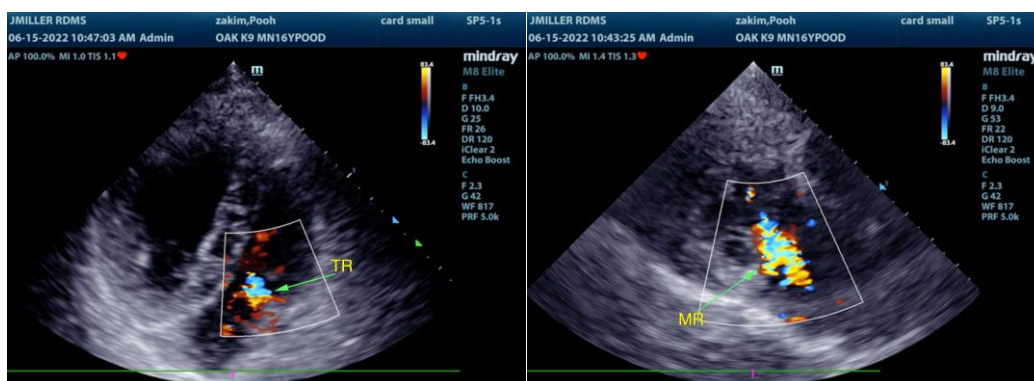
- Chronic mitral valve disease (ACVIM B1)
- Mild TR

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This study is consistent with chronic degenerative valvular changes with secondary primarily eccentric mitral valve and minor tricuspid valve insufficiency. The lack of left atrium enlargement at this stage indicates that the relative risk of current and future complications going forward is relatively low. However, the prognosis is highly variable and serial sonographic monitoring is required for further prognosis.

Overall, no overt evidence of significant left or right heart chamber enlargement as an overt cause of arrhythmia, as well as no additional issues such as LV systolic dysfunction or evidence of clinical pulmonary hypertension. In a nonclinical patient i.e., no evidence of increased resting respiration rate or radiographic pulmonary edema, without evidence of left or right heart chamber enlargement, cardiac medications are not overtly indicated. Cardiologist ECG assessment is suggested if not done. Pending ECG analysis, no overt evidence of anesthetic contraindications based on the structural and functional presentation of the heart. Assessment of systemic BP is recommended. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs consistent with heart disease 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.





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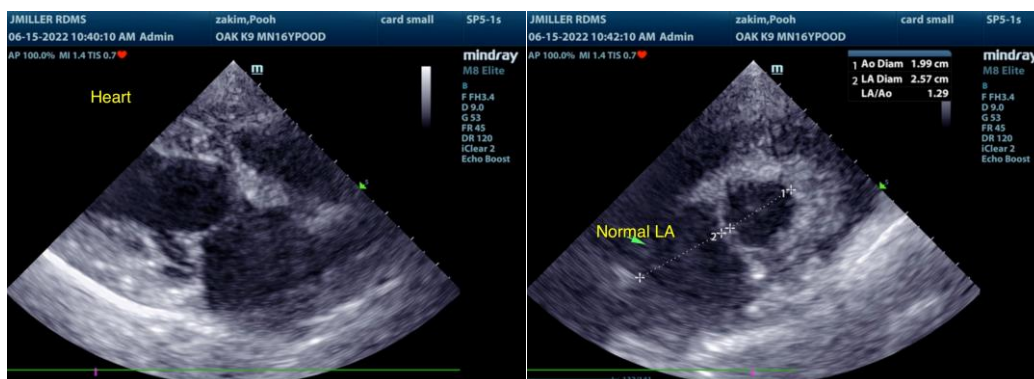
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
info@SonoPath.com