



PATIENT PRESENTING CLINICAL SIGNS

Lucky Heavener Several year duration of heart murmur, intermittent episodes of heart failure.
Medication: Lasix, Vetmedin

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Miniature Pinscher Mix

SEX

MN

AGE

2011

WEIGHT

17.1

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	5.0	2.9		1.5	42	78	0.25
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)	(kg)	2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	147	1.5	0.94		3.5	3.3	

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

New Britain VC

REFERRING VET

Bandekar

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06/19/2023

Cardiac Presentation

The echocardiogram in this patient demonstrated mild increased left atrial size based on 2 different LA measurement methods. The cranial and caudal mitral valve leaflets presented moderate thickening consistent with endocardiosis. Potential for minor valvular prolapse. Doppler indicated measurable moderate 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 mild thickening with mild eccentric TR on Doppler. 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.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM mild B2)
- TR-estimated pulmonary pressure gradient suggestive of mild increased pulmonary pressure, no evidence of clinical pulmonary hypertension.



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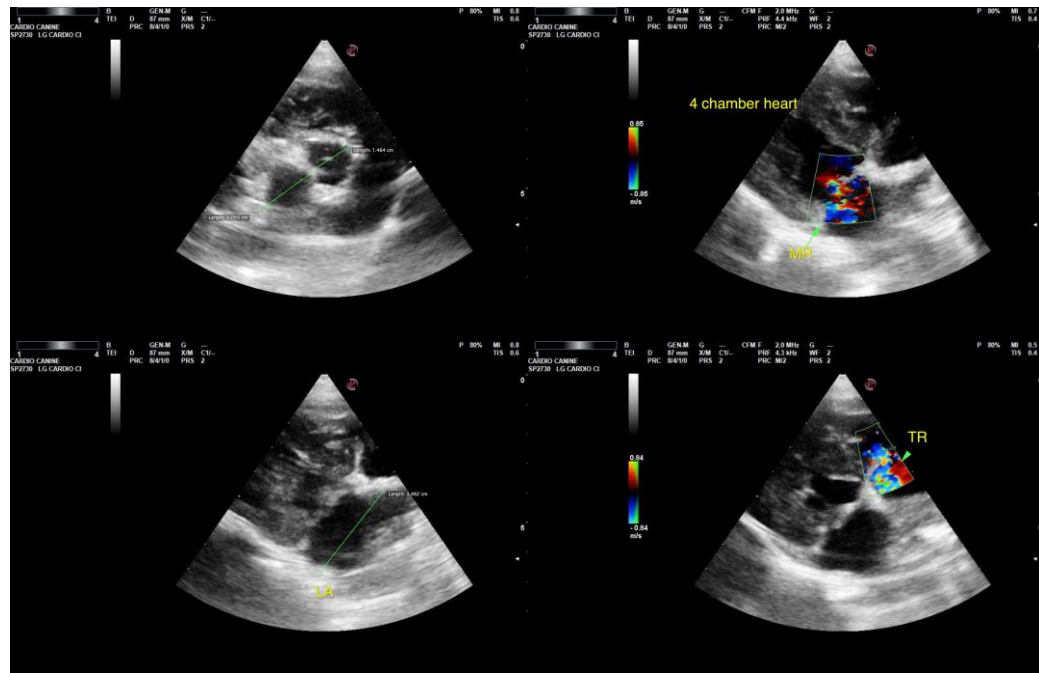
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes with secondary MR/TR. The mild LA enlargement without evidence of left heart volume overload indicates that the risk of complication secondary to mitral valve insufficiency is low at this time.

Vetmedin is warranted as this medication may prolong cardiac changes associated with MR. Given the lack of left/right chamber enlargement, there is no evidence for diuretic therapy at this stage. Lower airway disease may be a consideration in this patient if respiratory signs are present/occur.

Although the heart appears to be overall stable, prognosis at this stage is variable and serial sonographic monitoring is recommended with a recheck echocardiogram in 6 months, sooner if clinically indicated. Monitoring of resting RR is suggested.



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.

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