



**PATIENT**

Dizzy Ellis

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

F/S

**AGE**

12 years

**WEIGHT**

16

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Nicole Gotfredson

**HOSPITAL NAME**

Buffalo Veterinary  
Clinic

**REFERRING VET**

Garry Gotfredson  
DVM

**INVOICE**

17126

**DATE**

6/21/23

**PRESENTING CLINICAL SIGNS**

repeat echo, last one done 1/23/23.

Currently on lasix 12.5mg 1 SID, vetmedin 1.25mg 1/2 BID, gabapentin, theophylline, hepato support.

**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>				1.7	48	81	0.25
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
<b>CARDIAC PARAMETERS</b>	(BPM)	<b>VMAX</b> (m/s)	<b>MAX</b> (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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	NM	NM	NM		3.1	2.7	

**Cardiac Presentation**

The echocardiogram in this patient demonstrated mild to moderately enlarged **left atrial** size based on 2 different LA measurement methods. Mild deviation of the interatrial septum towards the right atrium was present. The cranial and caudal **mitral** valve leaflets presented moderate thickening (anterior > posterior) consistent with endocardiosis. No evidence of valvular prolapse. Doppler indicated 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 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.



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## ULTRASONOGRAPHIC FINDINGS

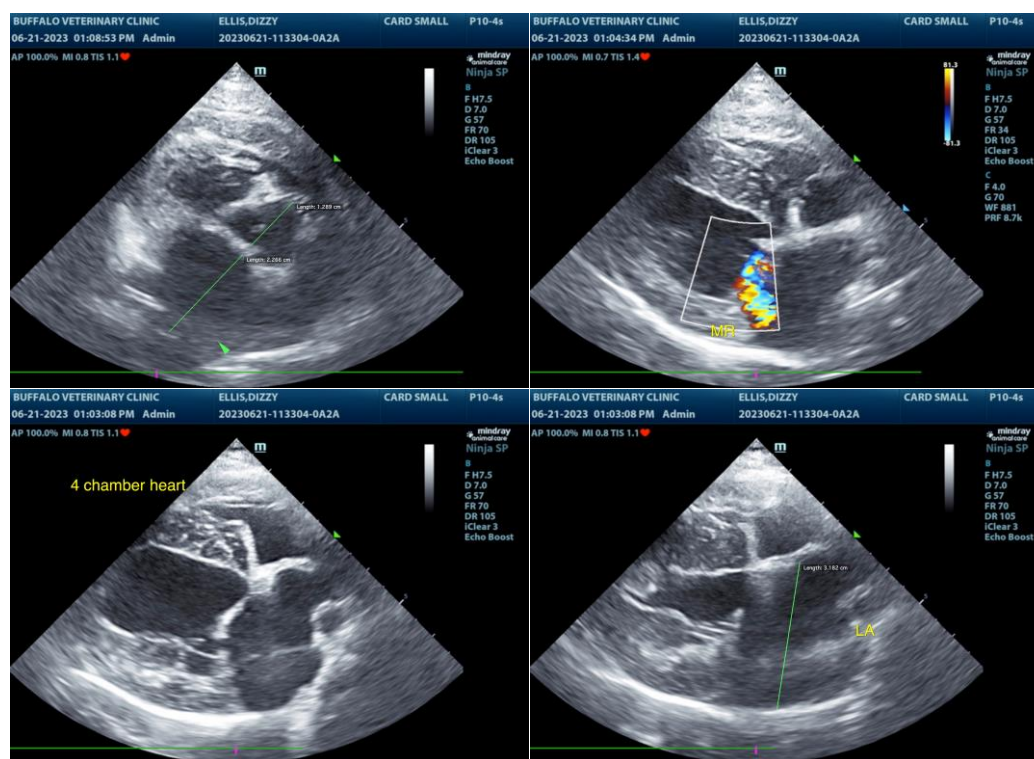
- Chronic mitral valve disease (ACVIM B2)

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall static cardiac presentation compared to the last echocardiogram without evidence of overt or significant progressive LA enlargement. Continued Vetmedin 0.3 mg/kg PO BID is warranted.

Sonographically, the degree of LA enlargement was not consistent with congestive criteria. Diuretic therapy would only be indicated if radiographic evidence of pulmonary edema.

The prognosis remains highly variable and sonographic monitoring is recommended. Recheck echocardiogram is recommended in 6 months, sooner if clinically indicated.



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