



PATIENT

Penney Malatesta

SPECIES

Canine

BREED

CKCS

SEX

FS

AGE

12yr

WEIGHT

16.8lb

PRESENTING CLINICAL SIGNS

Incidental murmur on exam. No symptoms reported at home. Recent tick-borne illness - healed well on doxy.

Abnormal PE/Chem/CBC/UA Results: Grade II/VI pansystolic murmur PMI over left heart base. BP 181mmHg today - no anxiolytics onboard. Appeared stressed during the scan. No bloodwork results of significance.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	5.6			1.3	45	78	0.15
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	1.5	0.8		3.1	2.9	

INTERPRETED BY

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

IMAGING PERFORMED BY

Sorbo

HOSPITAL NAME

Mill Brook Animal
Clinic - VBF

REFERRING VET

Jeffers

INVOICE

14171ag

DATE

06/21/2023

Cardiac Presentation

The echocardiogram for this patient presented excessive left atrial size expressed both in the LA/AO and LA max measurements. Chamber volumes and echogenicity were normal. The cranial and caudal mitral valve leaflets presented moderate (anterior > posterior) thickening consistent with endocardiosis. 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. Minor aortic insufficiency present on Doppler. 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. No overt 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.

ULTRASONOGRAPHIC FINDINGS

- Compensated chronic mitral valve disease (ACVIM B1)
- Minor aortic insufficiency.



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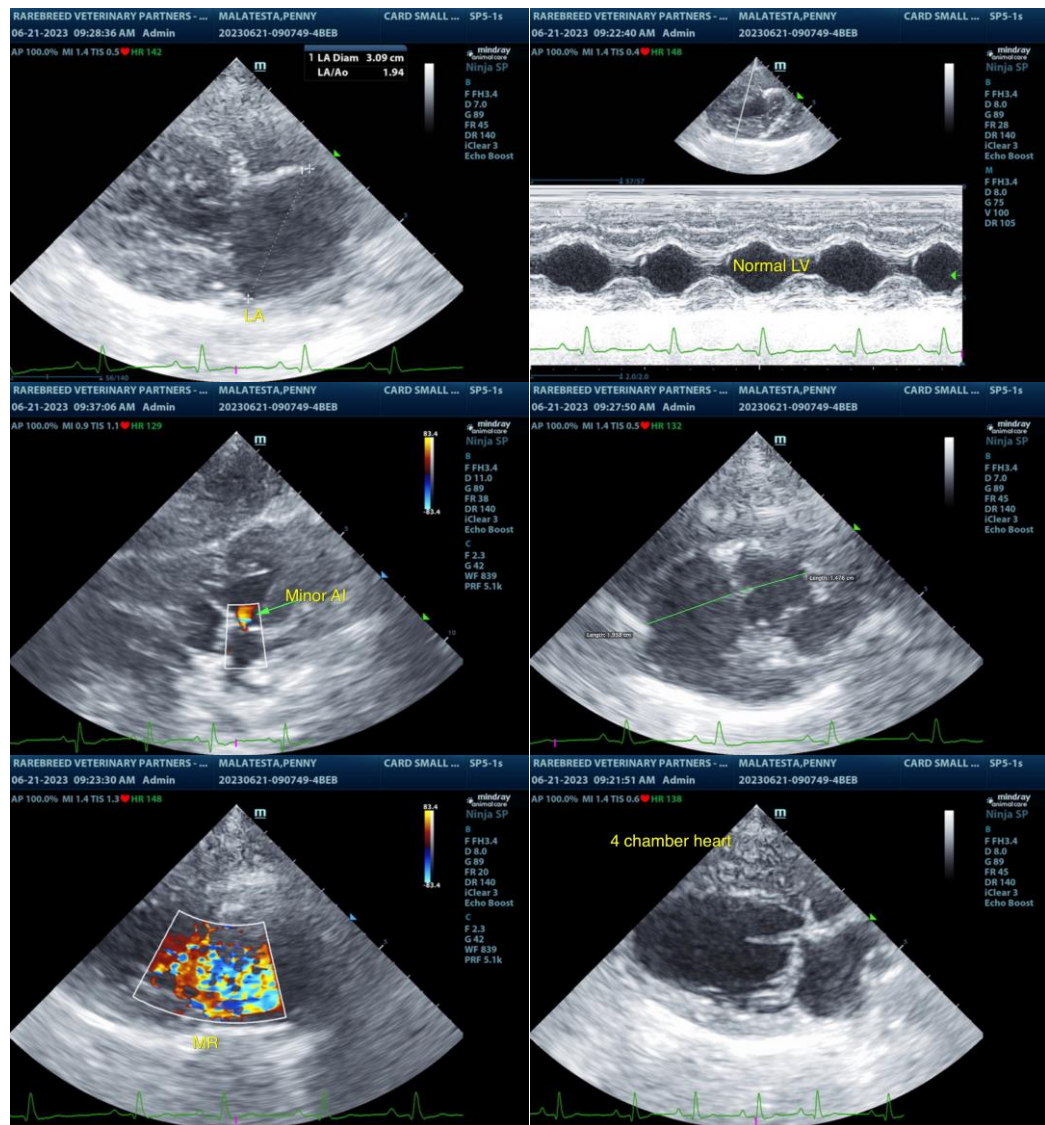
06/21/2023

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The lack of left atrial enlargement or left heart volume overload implies that the risk of complication secondary to mitral valve insufficiency is relatively low at this time. However, given the breed, prognosis at this stage is variable and serial sonographic monitoring is recommended.

In a non-clinical patient without evidence of chamber enlargement there is no indication for cardiac medications. Recheck systemic BP to assess for persistent hypertension is suggested given minor aortic insufficiency.

Recheck echocardiogram in 6 months, sooner if clinical signs suggestive of heart disease develop.



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.



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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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info@sonopath.com

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