



PATIENT

Zucc Jordan

SPECIES

Canine

BREED

Vizsla

SEX

MN

AGE

4 yrs

WEIGHT

36.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Berkley Heights AH

REFERRING VET

Dr. Marmur

INVOICE

17123

DATE

6/21/23

PRESENTING CLINICAL SIGNS

Patient presents for heart murmur, initially diagnosed 12/2022 by Dr. Acevedo/Dr. Talik; grade 2-3/6. Echo recommended Dec. 3, 2022. Diet at that time was Fromm brand dog food, not know if it's a grain free food. Current med: Bravecto.

Abnormal PE/Chem/CBC/UA Results: 2/24/23: HCT 61%, HGB 21.1, rest WNL.

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				1.2	41	75	0.28
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	100	1.6	1.1		3.7	3.7	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 2 separate methods of LA evaluation. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets appeared mild to irregularly thickened with normal extension in systole and union in diastole and overall normal kinesis. Doppler revealed 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. Normal measured LVOT velocity was noted. 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 was noted 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). Normal measured RVOT velocity with minor pulmonic insufficiency measuring 0.8 m/s on Doppler. 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

- Compensated eccentric mitral valve insufficiency
- Minor pulmonic insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is secondary to eccentric MR. The mildly thickened to irregular mitral valve leaflets may indicate early onset chronic degenerative changes with the potential for mild mitral valve dysplasia, given the young age of the patient. The lack of left atrium or left ventricle enlargement indicates that the current and future risk of complications secondary to MR is low at this stage. Left ventricle function was adequate without evidence of clinical issues such as DCM criteria. Taurine level assessment and changing to a more traditional diet, if the patient is currently on a grain-free / boutique diet, may be considered. No overt indication for cardiac medications, yet prognosis may be considered variable, and serial sonographic monitoring is advised. A recheck echocardiogram is suggested in 6 months, sooner if clinical signs arise.

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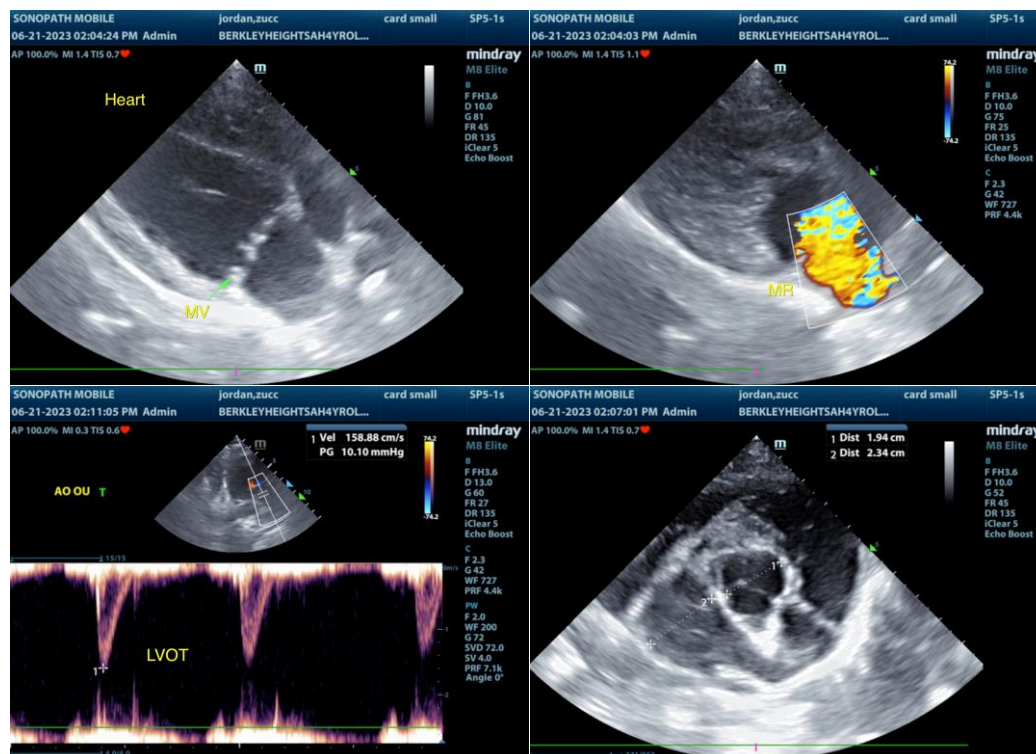
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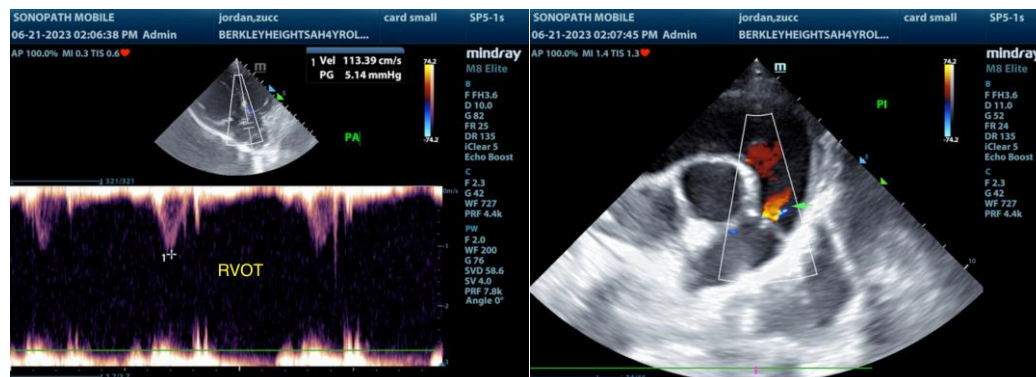
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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