



PATIENT

Bentley Bambarly

PRESENTING CLINICAL SIGNS

Pet presented for Annual exam and mentioned coughing. Grade 3/6 murmur detected that was not previously noted

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Cockapoo

SEX

MN

AGE

13yr

WEIGHT

13lb

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				1.3	45	80	0.2
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	NM	NM		2.7	2.4	

INTERPRETED BY

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

IMAGING PERFORMED BY

Hope Brossman

HOSPITAL NAME

Animal Mansion Veterinary Hospital

REFERRING VET

Shelley Parker DVM

INVOICE

14191ag

DATE

06/23/2023

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on LA/AO heart base measurement. Chamber volumes and echogenicity were normal. The cranial and caudal mitral valve leaflets presented moderate thickening (anterior > posterior) consistent with endocardiosis. Doppler indicated measurable 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.

ULTRASONOGRAPHIC FINDINGS

- Thickened mitral valve-consistent with mitral valve endocardiosis.
- Normal LA/LV.

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 implies that the risk of complication secondary to likely mitral valve insufficiency is low at this time and indicates that medical therapy is not required



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at this stage. The coughing in this patient appears to be non-cardiogenic in origin. Three view chest radiographs are recommended if not done to assess pulmonary parenchyma and for occult thoracic pathology. As needed respiratory support is recommended.

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Canine

Prognosis at this stage is variable and serial sonographic monitoring is recommended with a recheck echocardiogram in 6-12 months, sooner if clinically indicated.

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Cockapoo

SEX

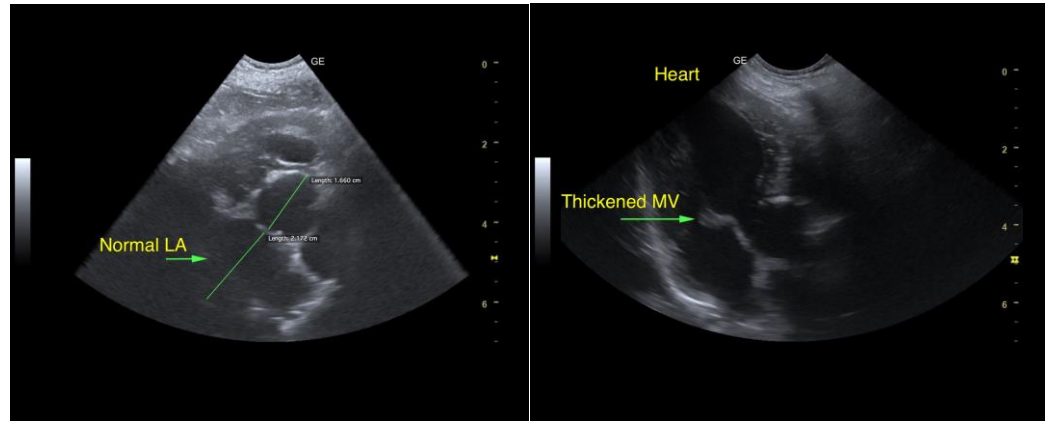
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

INTERPRETED BY

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