


PATIENT

Ellie Kaminsky

PRESENTING CLINICAL SIGNS

History: Collapsing episode at least 2 after swimming. Current meds: Apoquel, Thyro-tabs, Proin ER, Cosequin, Cranberry tabs, fish oil

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED	CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
Newfoundland								
SEX	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
FS	PATIENT			1.32	1.1	35.8	68.7	0.38
AGE	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)
6 yr								
WEIGHT	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
150.5 lb	PATIENT	175	1.4	0.9		5.1	4.7	

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Animal Mansion

REFERRING VET

Dr. Parker

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 3 separate methods of LA evaluation. The cranial and caudal mitral valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. Mild primarily eccentric MR was noted. 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. Tricuspid valvular assessment demonstrated adequate linear morphology and kinesis. The right ventricle was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Pulmonary outflow 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. The cranial mediastinum and pericardial and extra-cardiac regions were free of masses in the visible window. No overt arrhythmia was noted.

INVOICE

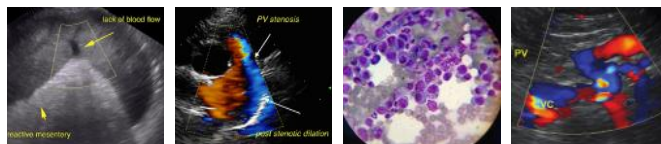
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DATE

06/24/2022

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function
- Mild MR



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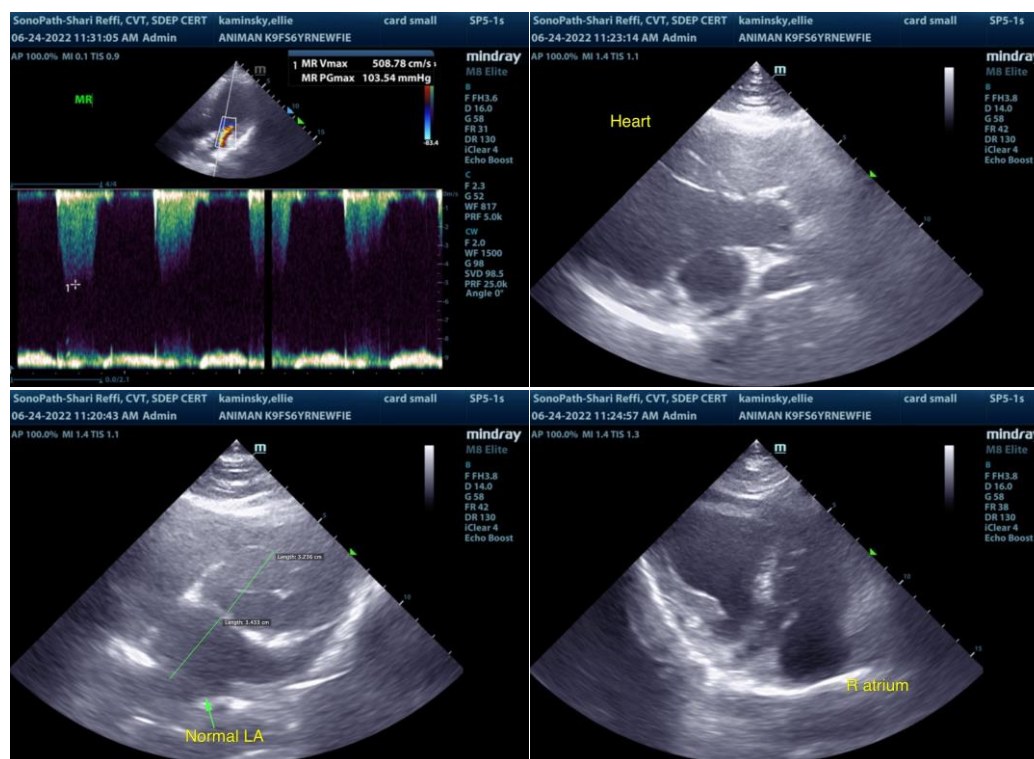
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of structural or functional cardiomyopathy including no evidence of clinical issues such as DCM criteria, LV systolic dysfunction, left or right chamber enlargement or evidence of clinical pulmonary hypertension. Mild MR was present yet the lack of LA enlargement indicated that the hemodynamic effects of the MR are low and current and future risk secondary to MR are low. Given this presentation a definitive cardiac cause of the recent collapsing episodes was not obvious. Potential for intermittent or paroxysmal arrhythmia cannot be definitely excluded. No overt indication for cardiac medications. Sonographic monitoring of the MR with initial recheck in 6 months or sooner if clinical signs of heart disease or if persistent/progressive collapsing episodes would be reasonable. ECG or Holter monitor may be 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



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