


**PATIENT**

Rosalie Masser

**PRESENTING CLINICAL SIGNS**

History: 3/6 left sided systolic murmur. Not on any meds. R/O mitral valve disease and please stage.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: n/a

**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)
Miniature Pinscher	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
	PATIENT			1.28	1.42	53.1	85.4	0.21
SEX	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)
FS								
AGE								
14 yr								
WEIGHT	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
12 lb	PATIENT	110	1.1	1.0		3.0	3.0	

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

 Andover Animal  
 Hospital

**REFERRING VET**

Dr. Hummel

**INVOICE**

10931ag

**DATE**

06/24/2022

**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 vegetative thickening consistent with endocardiosis. Doppler indicated measurable 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

**ULTRASONOGRAPHIC FINDINGS**

- Chronic mitral valve disease (ACVIM B1-emerging to early B2)

**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 significant left atrial enlargement implies that the risk of complication secondary to mitral valve insufficiency is relatively low at this time and, without current clinical signs,



**PATIENT**

Rosalie Masser

indicates that medical therapy is not required. Serial sonographic monitoring is recommended for further prognosis with a recheck echocardiogram in 6 months, sooner if clinical signs suggestive of heart disease develop. No overt anesthetic contraindications if anesthesia is required.

**SPECIES**

Canine

**BREED**

Miniature Pinscher

**SEX**

FS

**AGE**

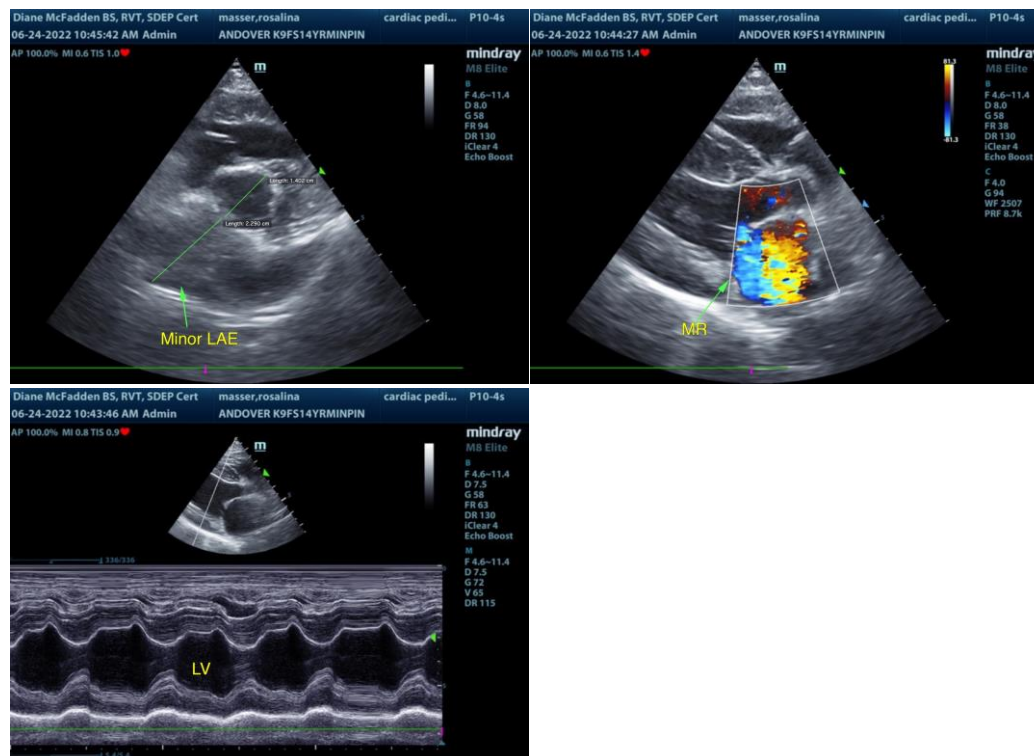
14 yr

**WEIGHT**

12 lb

**INTERPRETED BY**

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



**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Andover Animal  
Hospital

**REFERRING VET**

Dr. Hummel

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

**INVOICE**

10931ag

**DATE**

06/24/2022