



PATIENT

Luca Coate

SPECIES

Canine

BREED

Brittany Spaniel

SEX

MN

AGE

12 years

WEIGHT

45.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Whippany Vet

REFERRING VET

Dr. Cordero

INVOICE

17158

DATE

6/27/23

PRESENTING CLINICAL SIGNS

Prev us 2/15/23 - re evaluating possible heart base lesion vs artifact. Has had multiple episodes of elevated RR - no panting

Current meds: Alprazolam 1mg is needed for car rides

Abnormal PE/Chem/CBC/UA Results: 3/30/23 WBC 18.03, neuts 15.25, ALKP 365

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

	CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX	VMAX	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)	
NORMAL PARAMETER	4.5-5.5 (m/s)	<2.7 (m/s)	1.3	<1.3	28-40	40-100	<0.6	
PATIENT			1.2	1.2	37	68	0.34	
CANINE CARDIAC PARAMETERS	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs	
	(BPM)	VMAX	MAX	(kg)	2D short axis Base view	Avg; 2D and m-mode short axis	Avg; 2D and m-mode short axis	
NORMAL PARAMETER	50-100	0.7-1.7 (m/s)	0.7-1.6 (m/s)		(cm)	(cm)	(cm)	
PATIENT	146	1.7	1.1		4.3	3.6		

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented mild thickening consistent with mild endocardiosis. No evidence of valvular prolapse. Doppler indicated mild centralized to 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. Previously noted, indistinct, potential homogeneous soft tissue echo was noted in the area of the cranial interatrial septum primarily within the craniomedial LA lumen measuring 1.3 cm in diameter. No other evidence of cardiac tumors or pericardial pathology.



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ULTRASONOGRAPHIC FINDINGS

- Previously noted compensated MR, normal LA (ACVIM B1)
- Static possible indistinct soft tissue echo/lesion area of the cranial interatrial septum / LA lumen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of LA enlargement continues to indicate that the current and future risk of complications secondary to MR is low. No overt indication for cardiac medications. The potential soft tissue echo or lesion in the area of the interatrial septum was visualized and appeared to be the same size and appearance compared to the previous echocardiogram without evidence of progression.

Given the lack of progression of the potential lesion or echo since the previous study, artifact is suspected although the possibility of an indistinct lesion cannot be definitively excluded. Given the variable prognosis associated with MR in conjunction with suspect artifact or lack of progression of a potential lesion, periodic sonographic monitoring based on the clinical impression of the patient would be reasonable. Recheck echocardiogram is recommended in 6 months, sooner if clinical signs consistent with cardiac disease arise.

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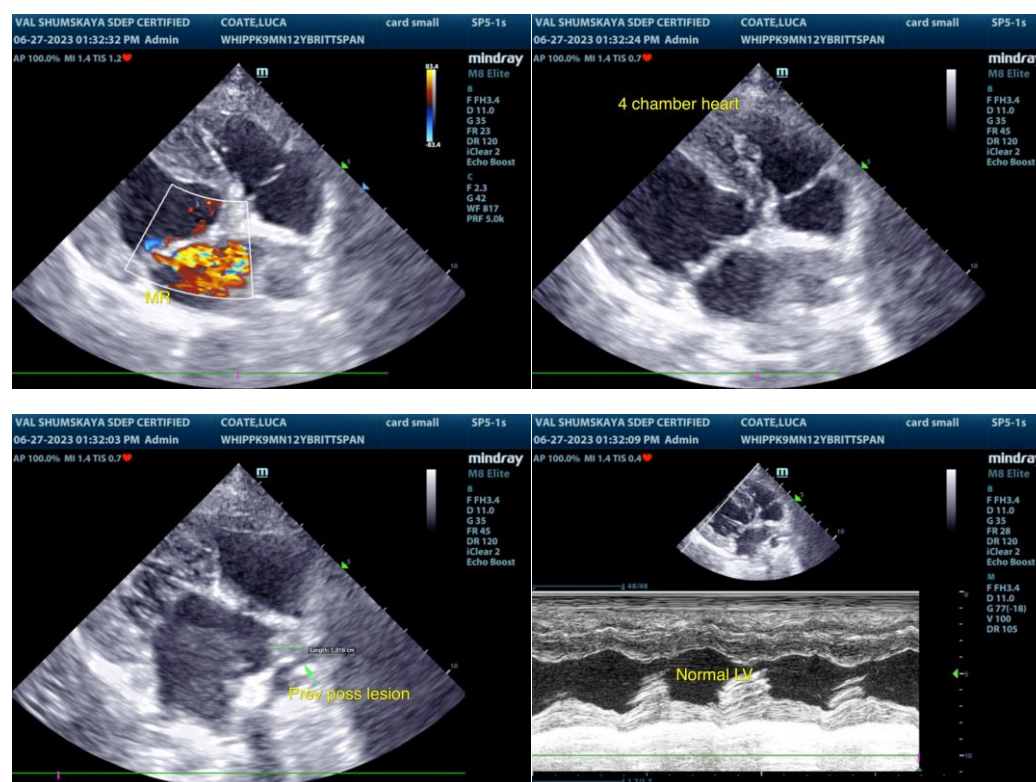
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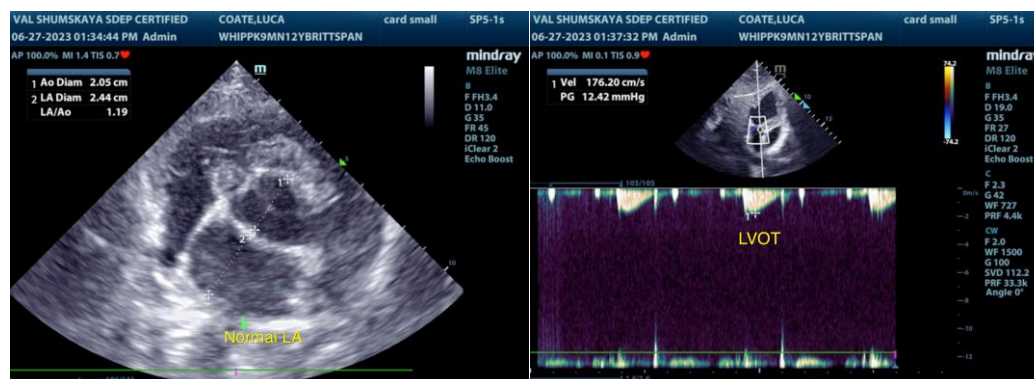
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com