



PATIENT

Jake McDonnell

SPECIES

Canine

BREED

Labrador Mix

SEX

MN

AGE

11 years

WEIGHT

41.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mavis McCormick

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Mavis McCormick

INVOICE

17200

DATE

6/29/23

PRESENTING CLINICAL SIGNS

Grade 4/6 left sided heart murmur. On the fence about potentially grading is a 5/6. 3 view chest x-rays taken and sent to specialist. Report came back as a normal thorax

Abnormal PE/Chem/CBC/UA Results: cbc: wnl/nsf chem: wnl/nsf; Na 153, anion gap 27 UA: USG 1.047 UPC 0.1 T4 2 4 dx plus: neg Fecal AG: neg

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				1.5	45	80	0.47
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		5.3	4.2	

Cardiac Presentation

The echocardiogram in this patient demonstrated mildly enlarged **left atrial** size based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented subjective mild thickening suggestive of mild endocardiosis. No evidence of valvular prolapse or chordae tendinea rupture. Doppler suggested moderate 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.



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ULTRASONOGRAPHIC FINDINGS

- Subjective mild mitral valve thickening with eccentric MR
- Mild LA enlargement, normal LV

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is most suggestive of mild chronic degenerative valvular changes with eccentric MR in conjunction with reported location of heart murmur. No other overt additional clinical issues such as DCM criteria, right heart chamber enlargement, or evidence of clinical pulmonary hypertension. The mild increased LA dimension indicates that the current and future risk of complication secondary to MR at this stage is mildly elevated.

Given the presence of LA enlargement in conjunction with reported murmur intensity, Pimobendan 0.3 mg/kg PO BID is recommended. Baseline monitoring of resting respiration rate going forward is suggested. Prognosis may be considered variable and serial sonographic monitoring is advised. A recheck echocardiogram is suggested in 6 months, sooner if evidence of increased resting respiration rate or if clinical signs consistent with cardiac disease arise.

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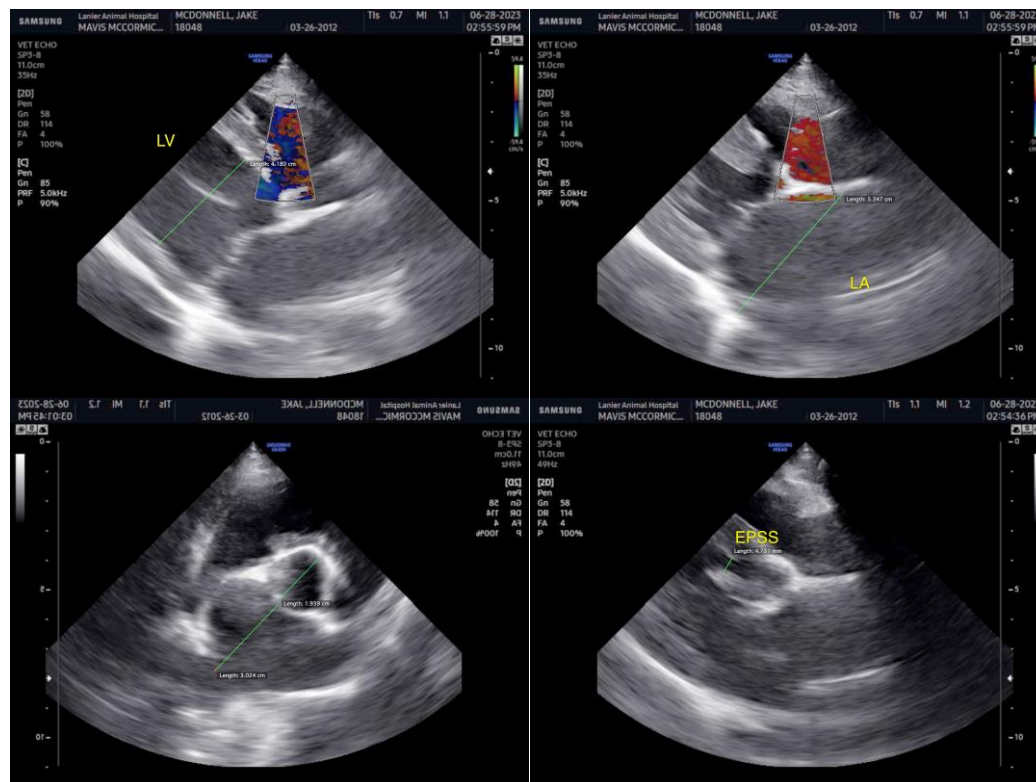
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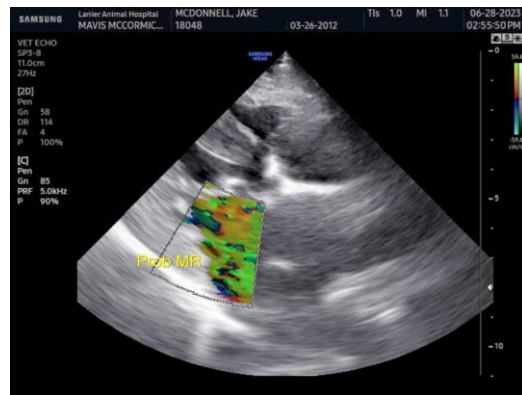
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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