



PATIENT

Chloe Molyneux

SPECIES

Canine

BREED

Maltese

SEX

FS

AGE

11 years

WEIGHT

13.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Silver

INVOICE

14324

DATE

7/20/22

PRESENTING CLINICAL SIGNS

-Coughing, previous history of mycoplasma positive. Finished Doxycycline 100mgs BID 2/16/21.
Abnormal PE/Chem/CBC/UA Results: ALT 158.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT			1.2	1.2	49	82.9	0.15
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)	(kg)	2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	117	1.1	0.86		2.2	2.4	

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. 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 systolic laminar flow and overall subjective normal structural integrity. Mild to moderate aortic insufficiency measuring approximately 5.0 m/s was present on doppler. 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). Trace pulmonic insufficiency measuring 0.9 m/s was present on doppler. 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.



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ULTRASONOGRAPHIC FINDINGS

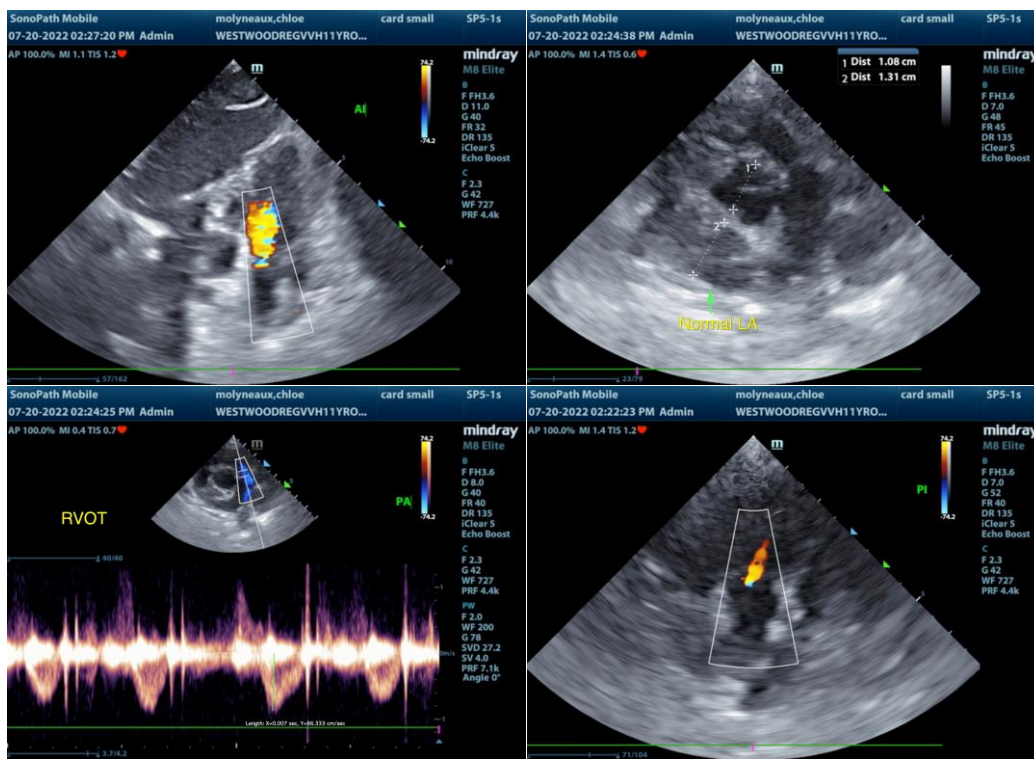
- Overtly normal cardiac structure and function
- Mild to moderate aortic insufficiency
- Trace pulmonic insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant structural or functional cardiomyopathy, including no evidence of clinical issues such as left or right heart chamber enlargement, LV systolic dysfunction, or evidence of clinical pulmonary hypertension.

Given the cardiac presentation, the cough in this patient appears to be noncardiogenic in origin. Consideration for primary upper or lower airway component to the cough is likely indicated. No indication for cardiac medications.

Given the mild to moderate aortic insufficiency, screening blood pressure to assess for evidence of hypertension is recommended. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs suggestive of heart disease arise.



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.



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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.

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info@SonoPath.com

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