



PATIENT

Seney Srolmoski

SPECIES

Canine

BREED

Mixed

SEX

F/S

AGE

10.5

WEIGHT

60

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tracy Nyberg

HOSPITAL NAME

Stuga North

REFERRING VET

Dr. Tracy Nyberg

INVOICE

14337

DATE

7/20/22

PRESENTING CLINICAL SIGNS

On vetmedin 5 mg BID and furosemide 20 mg SID after being evaluated 2 weeks ago by another vet for sudden weakness, wobbling, enlarged cardiac silhouette on rads concerned about DCM.

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			NM	1.4	43	77.3	0.35
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		4.3	3.5	

Cardiac Presentation

The echocardiogram in this patient demonstrated minor increased left atrial size based on 2 methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented subjective minor thickening with normal extension in systole, and union in diastole with normal kinesis. Mild MR was present on doppler. 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 subjective normal laminar systolic flow and normal structural integrity. The **right atrium** and auricle revealed moderate increased size with anechoic content. The right atrium measured approximately 5.0 cm in diameter. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated concurrent subjective thickening with normal kinesis. Subjective moderate TR was present on doppler. The **right ventricle** exhibited increased size compared to the left ventricle, normal myocardial echogenicity and overtly normal free wall 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. Brief sonographic assessment of the cranial abdomen revealed no overt evidence of cranial abdominal ascites.



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ULTRASONOGRAPHIC FINDINGS

- Moderate RA/RV enlargement
- Tricuspid valve Insufficiency
- Mild mitral valve insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding in this study is the moderately enlarged right atrium and right ventricle. This finding appears to be compensated, given the lack of hepatic congestion or cranial abdominal ascites. The possibility of clinical pulmonary hypertension cannot be excluded. DCM criteria, in regards to the left heart, were not met. The lack of significant left atrium or left ventricle enlargement with normal LV systolic function indicates that the potential risk associated with mild mitral valve insufficiency is low.

Continued Vetmedin 0.3 mg/kg PO BID is warranted, although diuretic therapy is not necessarily indicated given the lack of decompensation criteria. Ideally, resubmission of images with accurate measurement of TR velocity to assess for evidence of clinical pulmonary hypertension or potential referral to a cardiologist for further assessment is suggested.

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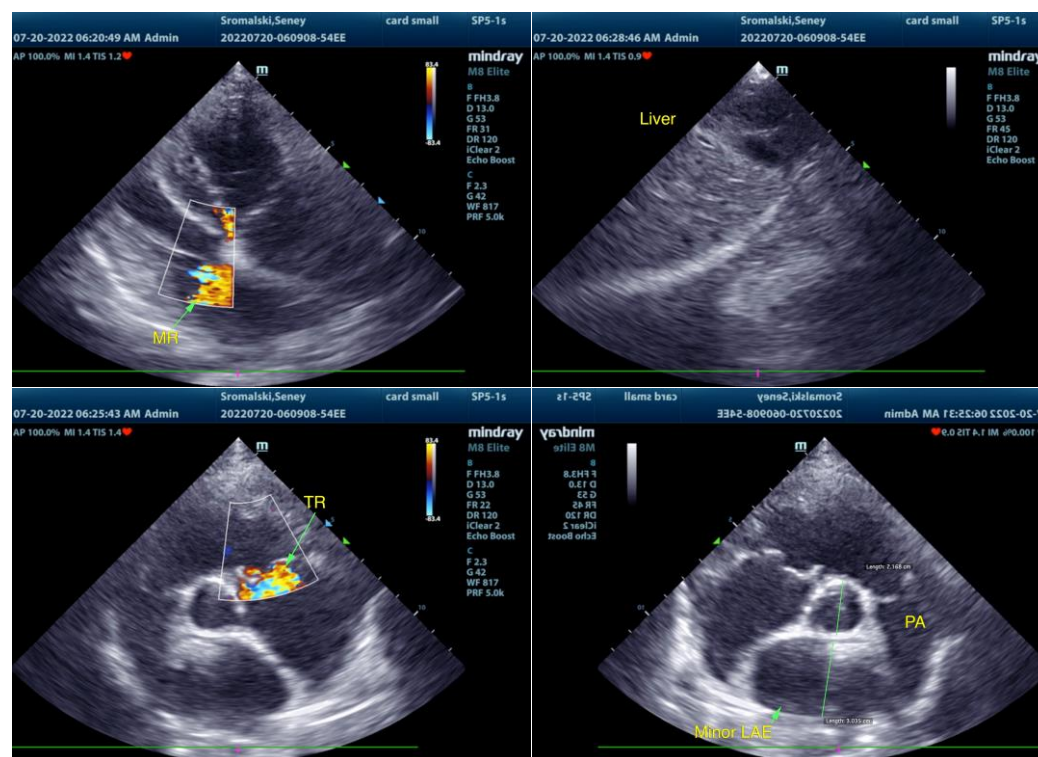
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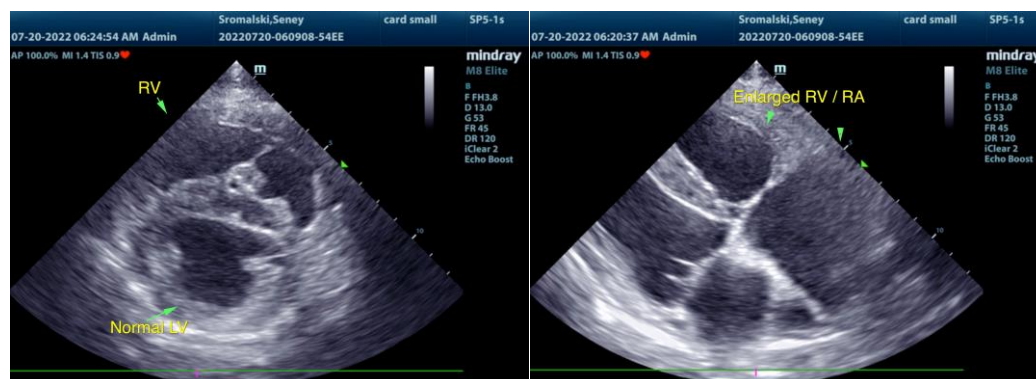
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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