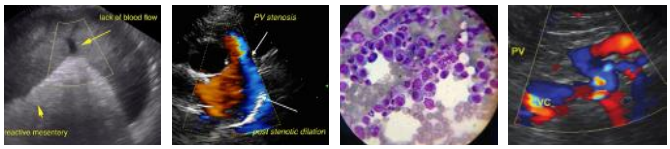
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
BaeBae Bansemer

SPECIES
Canine

BREED
Shih Tzu

SEX
FS

AGE
10yr

WEIGHT
17.6lb

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

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
Blairstown AH

REFERRING VET
Dr. Lovell

INVOICE
11168ag

DATE
07/24/2022

PRESENTING CLINICAL SIGNS

History: Grade III/VI L apical systolic murmur, cough. Thoracic rads WNL. Current meds: Convenia, chlorpheniramine

Abnormal PE/Chem/CBC/UA Results: N/A

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	6.2	2.8-3.0	1.0	1.16	35.2	67	0.21
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	123	1.0	0.8		2.4	2.4	

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 vegetative thickening consistent with mild 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. Mild TR present on Doppler. 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 stage B1)
- TV insufficiency – est pulmonary pressure gradient based on measured TR velocity consistent with mild elevated pulmonary pressure yet not overtly suggestive of clinical pulmonary hypertension

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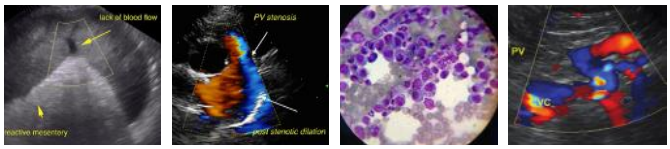

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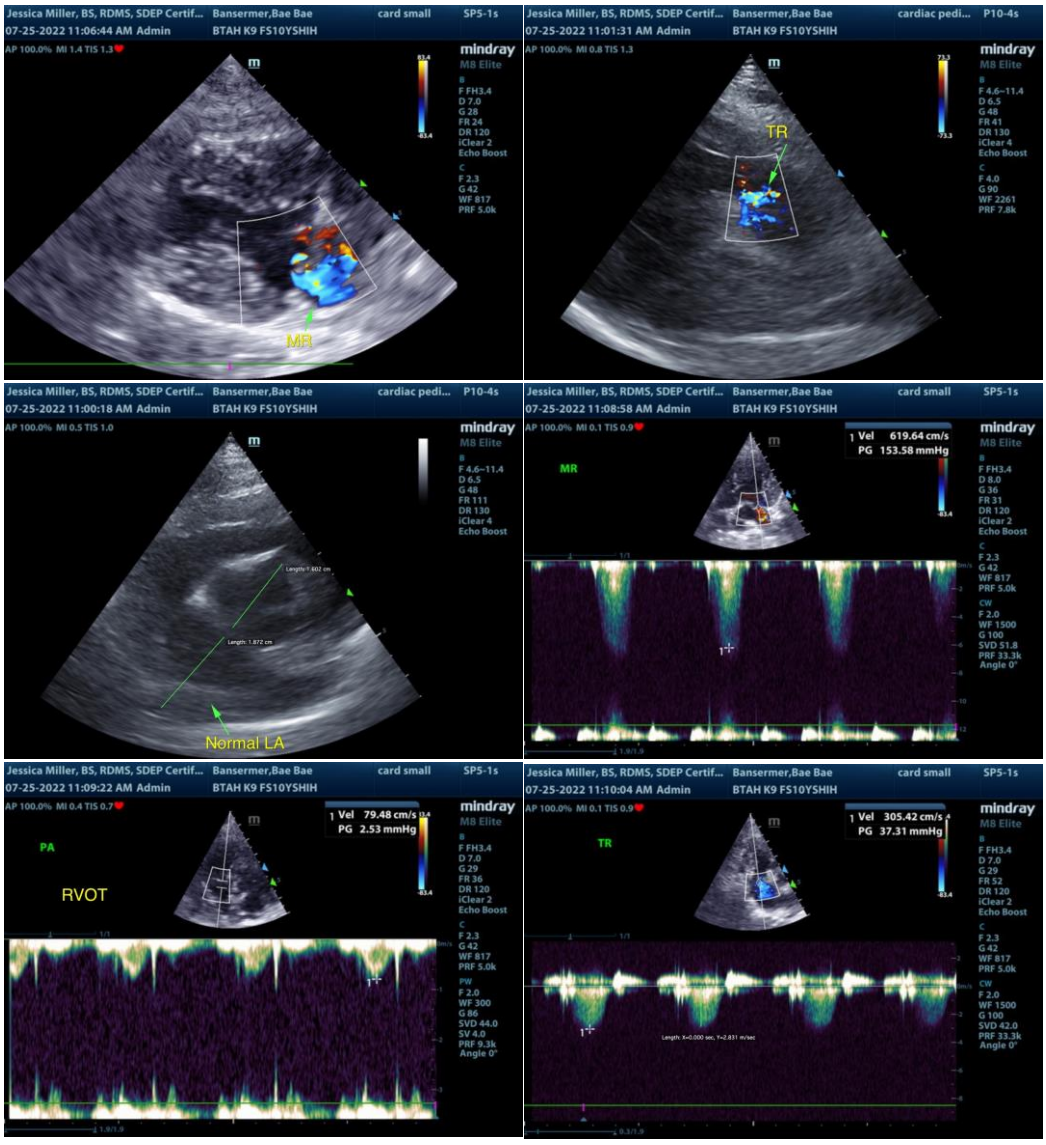
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is consistent with mild chronic degenerative valvular changes and secondary eccentric mitral valve insufficiency. The lack of LA enlargement indicates that the hemodynamic effects of the mitral valve insufficiency is relatively low and risk of complication is relatively low. Given the cardiac presentation without additional clinical issues the coughing in this patient is suspected to be noncardiogenic in origin.
Serial sonographic monitoring is required for further prognosis and for assessment for possible progression of elevated pulmonary pressure. No overt indication for cardiac medications at this stage. A recheck echocardiogram is suggested in 6 months, sooner if clinical signs consistent with left heart disease arise or if coughing progresses.
As needed respiratory support and antitussive medications would be reasonable.



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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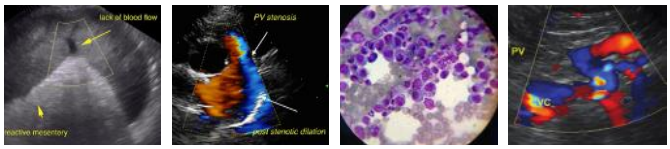

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com