



PATIENT

Molly Debolle

SPECIES

Canine

BREED

Beagle

SEX

F/S

AGE

15 years

WEIGHT

40 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Meredith Swart

HOSPITAL NAME

Swart Veterinary
Imaging

REFERRING VET

Meredith Swart

INVOICE

17413

DATE

7/27/23

PRESENTING CLINICAL SIGNS

Patient has grade III murmur. Owner reports patient has been coughing more at night. No crackles auscultated today. Patient noted to cough when pulling on collar.

Abnormal PE/Chem/CBC/UA Results: none reported

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				1.6	45	80	0.22
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	NM	1.5	1.0		4.8	4.1	

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 mild to moderate thickening consistent with endocardiosis. Doppler indicated moderate eccentric insufficiency. The **left ventricle** presented normal thicknesses with linear contour with borderline to mild increased LV volume. 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. No overt TR was noted 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.



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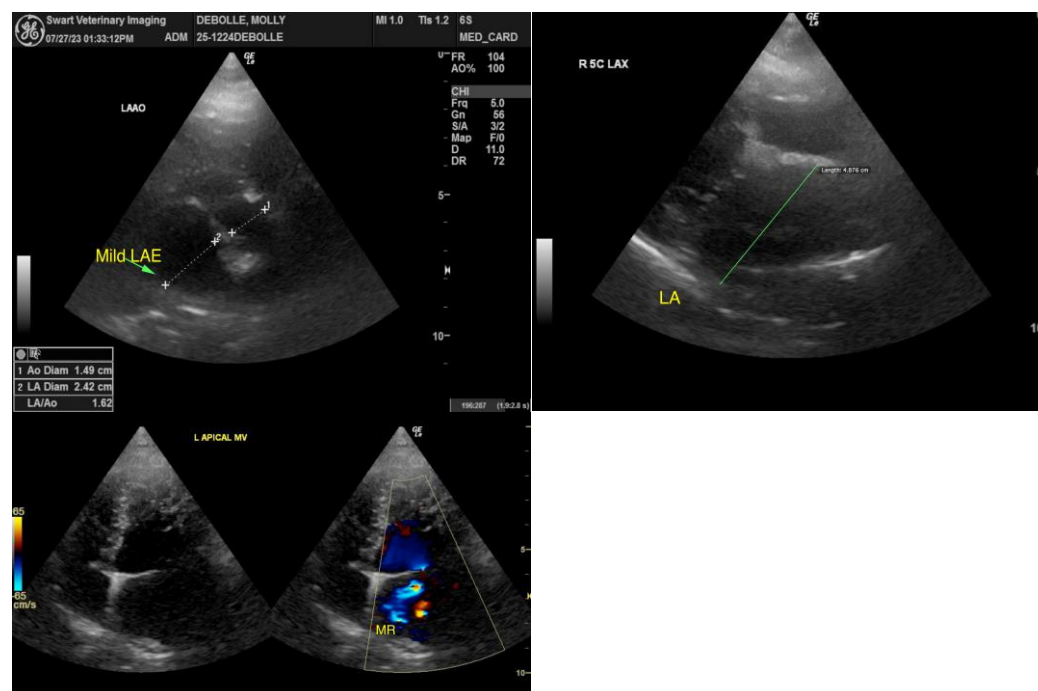
ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM mild B2)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild increased LA/LV size indicates that the current and future risk of complications secondary to MR at this stage is mild. Overall, the heart appears to be compensated without clinical issues such as LV systolic dysfunction or clinical pulmonary hypertension.

Given this presentation, the coughing in this patient is most likely noncardiogenic in origin with primary consideration for lower airway disease indicated. This patient is considered borderline for the use of Pimobendan. However, Pimobendan 0.3 mg/kg PO BID, given the evidence of mild LA / LV enlargement, is warranted. Prognosis is considered variable and sonographic monitoring is advised. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs consistent with heart disease arise. Concurrent as-needed respiratory support is recommended.



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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