



PATIENT

Oscar Johnson

SPECIES

Canine

BREED

Dachshund

SEX

M/N

AGE

8

WEIGHT

25

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

17430

DATE

7/27/23

PRESENTING CLINICAL SIGNS

History of pulmonary hypertension, mitral valve regurgitation, left atrium enlargement The patient on Sildenafil 20 mg 1 tablet twice a day Pimobendan 5 mg 0.5 tablet twice a day Furosemide 20 mg 0.5 tablet twice a day Enalapril 5 mg 1 tablet twice a day Spironolactone 25 mg 0.5 tablet twice a day

Abnormal PE/Chem/CBC/UA Results: Heavy breathing

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	<1.6	28-40	40-100	<0.6
PATIENT		<2.0		1.95	45	80	0.25
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	BELOW	BELOW	BELOW	BELOW
PATIENT	NM		0.7		3.5	3.4	

Cardiac Presentation

The echocardiogram in this patient demonstrated moderately enlarged **left atrial** size based on 2 different LA measurement methods. Mild deviation of the interatrial septum towards the right atrium, consistent with increased left atrial pressure, was present. The cranial and caudal **mitral** valve leaflets presented moderate thickening consistent with endocardiosis. Mild prolapse of the septal leaflet was present. Doppler indicated moderate eccentric insufficiency. The **left ventricle** presented normal thicknesses with maintained linear contour with mild to moderate 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. Mild TR was 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.



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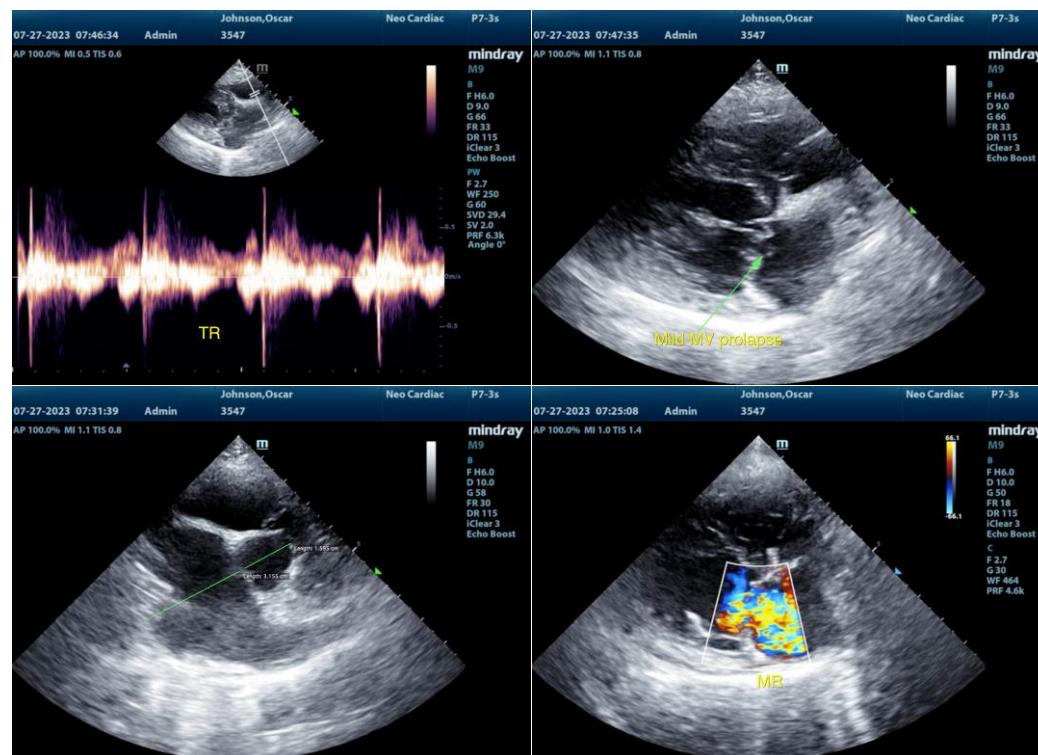
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ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B2)
- Mild TR - no overt evidence of clinical pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view chest radiographs to assess for intrathoracic pathology or evidence of cardiogenic pulmonary edema are recommended. If evidence of cardiogenic pulmonary edema or increased resting respiration rate, a mild increase in Lasix / Spironolactone dose could be considered. Continued Pimobendan at current dose is suggested, given the normal LV function. Assessment of systemic BP is suggested if not recently done. Concurrent as-needed respiratory support is recommended. Prognosis remains highly variable and serial sonographic monitoring is advised. Recheck echocardiogram is suggested in 6 months, sooner if clinically indicated.





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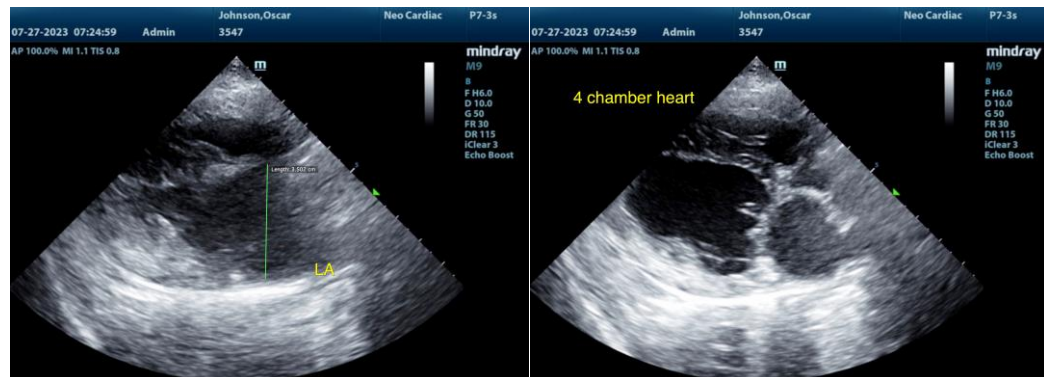
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com