
PATIENT PRESENTING CLINICAL SIGNS

Rudy Tardie History: Grade 6/6 cardiac murmur noted today. Previous Grade 2/6 murmur noted 10 months ago

SPECIES Abnormal PE/Chem/CBC/UA Results: **ABNORMAL** Laboratory Findings None Heart Rate and Respiratory Rates HR 110; RR: Panting Blood Pressure Measurements 121/118/120/105/108

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Mini Australian Shepherd

SEX

MI

AGE

10 yr

WEIGHT

24 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Thomas

INVOICE

11074ag

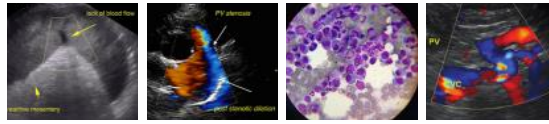
DATE

07/08/2022

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	5.3			2.0	43.6	78.2	0.3
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	124	1.7	0.9		4.5	3.9	

Cardiac Presentation

The echocardiogram for this patient presented excessive left atrial size expressed both in the LA/AO and LA max measurements Mild deviation of the interatrial septum towards the right atrium suggestive of increased left atrial pressure was present. The cranial and caudal mitral valve leaflets presented mild vegetative thickening consistent with endocardiosis without evidence of valvular prolapse. Doppler indicated measurable eccentric insufficiency. The left ventricle presented thicknesses with linear contour and increased left ventricle 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. 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.



PATIENT **ULTRASONOGRAPHIC FINDINGS**

Rudy Tardie • Chronic mitral valve disease (ACVIM stage B, possible emerging stage C)

SPECIES **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Canine The cause of the murmur is consistent with chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. No other clinical issues such as LV systolic dysfunction or overt evidence of clinical pulmonary hypertension was noted. The moderate LA and LV enlargement indicate that the risk of complication is moderately elevated. Prognosis is highly variable and serial sonographic monitoring is required for further assessment.

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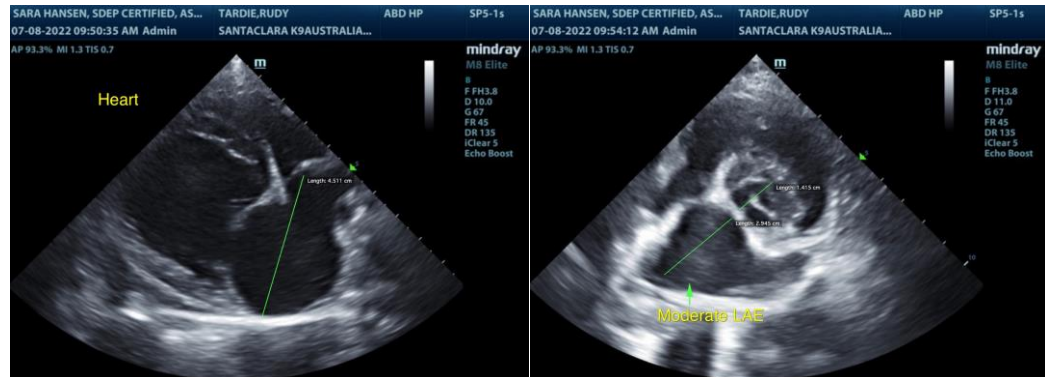
Pimobendan 0.3 mg/kg PO BID is warranted. If no current evidence of congestion i.e. pulmonary edema, a weak diuretic such as Spironolactone 1-2 mg/kg PO BID could be considered. If evidence of emerging congestion is present, Lasix 1-2 mg/kg PO BID at lowest effective dose is recommended. Mild salt restriction and omega 3 fatty acids may prove beneficial. ACE inhibitor medication is not suggested given BP <130. Continued monitoring of BP is recommended. Recheck echocardiogram is suggested in 4-6 months, sooner if persistent/progressive clinical signs suggestive of heart disease are noted.

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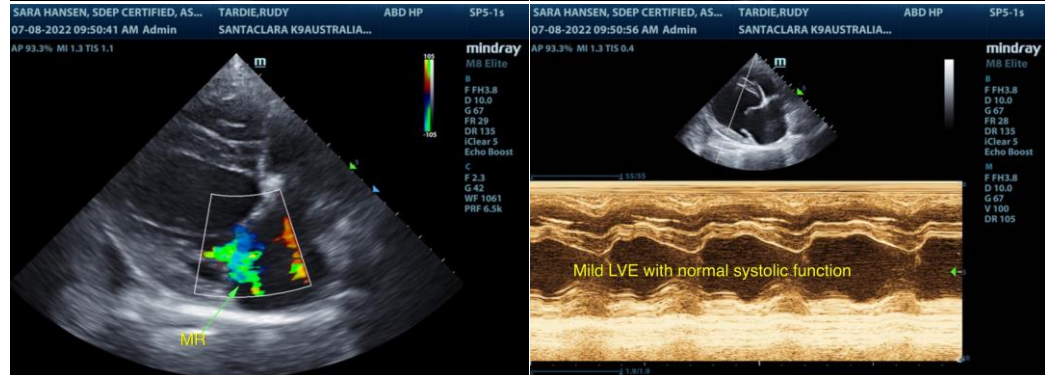
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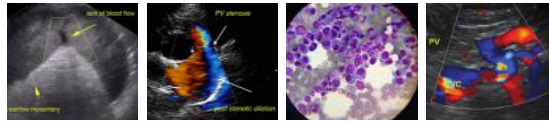
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

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

Rudy Tardie

info@SonoPath.com

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