


PATIENT

Ranger Barkocy

PRESENTING CLINICAL SIGNS

Coughing for 1-2 months 3/6 L sided HM with fluid in lungs

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

7

WEIGHT

57.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

 Rockaway Animal
 Hospital

REFERRING VET

Dr. Maniar

INVOICE

14469ag

DATE

08/01/2023

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				1.2	37	70	0.45
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	1.0	0.92		5.0	4.8	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 2 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal mitral valve leaflets presented mild thickening consistent with endocardiosis. Doppler indicated subjective moderate 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 subjective mild thickening with mild TR 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. No evidence of arrhythmia.

Brief sonographic assessment of the liver revealed no overt evidence of hepatic congestion or cranial abdominal ascites.

ULTRASONOGRAPHIC FINDINGS

- Mitral/tricuspid valve insufficiency.
- Normal LA/LV.



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- Normal RA/RV.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is most consistent with mild degenerative valvular changes with secondary eccentric MR and mild TR. The lack of left atrial enlargement implies that the risk of complication secondary to mitral valve insufficiency is relatively low at this time. The mild TR without evidence of RA/RV enlargement was not overtly consistent with clinical pulmonary hypertension. No evidence of additional clinical issues such as DCM criteria or LV systolic dysfunction.

No obvious evidence for congestive criteria indicating that the coughing in this patient is non-cardiogenic in origin with potential considerations including primary lower airway disease or non-cardiogenic pulmonary edema. Lower airway sampling is likely required for a definitive diagnosis with empirical respiratory support suggested. No overt indication for cardiac medications.

Cardiac prognosis at this stage is variable and serial sonographic monitoring is recommended with a recheck echocardiogram in 6 months, sooner if clinically indicated.



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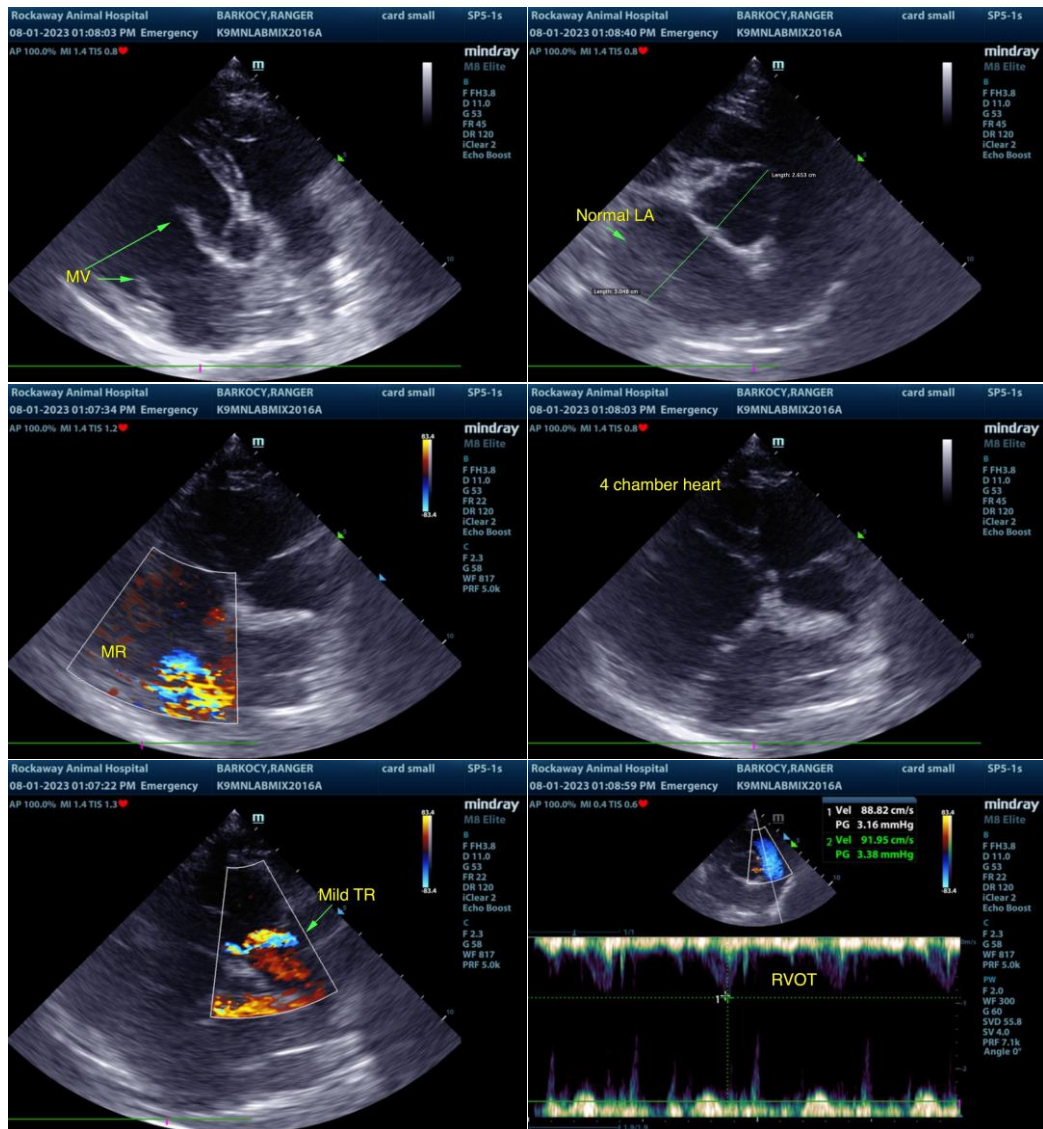
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com



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