



PATIENT

Peanut McCole

PRESENTING CLINICAL SIGNS

recheck echo

SPECIES

Canine

BREED

Chihuahua

SEX

MN

AGE

14yr

WEIGHT

7lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

North Warren AH

REFERRING VET

Dr Corrado/Bociuilis

INVOICE

14582ag

DATE

08/11/2023

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			1.6	1.7	51	84	0.15
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	109	1.6	0.92		2.9	2.5	

Cardiac Presentation

The echocardiogram for this patient presented mild increased left atrial size expressed both in the LA/AO and LA max measurements. The cranial and caudal mitral valve leaflets presented mild to moderate thickening consistent with endocardiosis. Doppler indicated measurable moderate eccentric insufficiency with borderline increased measured MR velocity. 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 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.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM mild B2)
- TR-estimated pulmonary pressure gradient ~40 mmHg, suggestive of mild increased pulmonary pressure without overt pulmonary hypertension.



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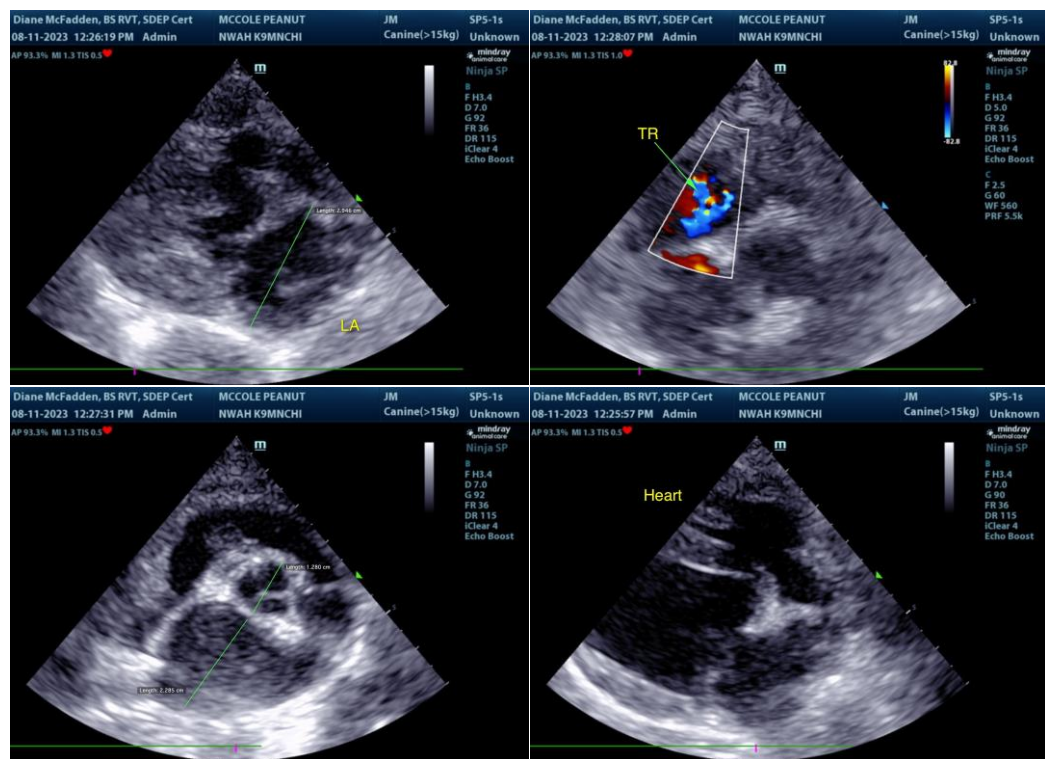
08/11/2023

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall static cardiac presentation compared to the previous study in regard to LV volume with subjective minor increased to progressive LA dimension compared to the previous study. Overall, the heart appears to be stable with clinical signs secondary to MR not anticipated. Previously noted minor aortic insufficiency was not obvious yet cannot be definitively excluded. Assessment of systemic BP is suggested given borderline elevated MR velocity.

Given mild progressive LA enlargement in conjunction with EPIC study criteria Pimobendan 0.3 mg/kg PO BID would be warranted at this stage.

Prognosis at this stage continues to be variable and serial sonographic monitoring is recommended with a recheck echocardiogram in 6 months, sooner if clinical signs develop.



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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