


PATIENT

Peyton Walden

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

8yr

WEIGHT

12lb

PRESENTING CLINICAL SIGNS

Recent history of coughing approximately 1 week. Radiographs showed LAE with possibly mild pulmonary edema. Dorsal displacement of trachea. Patient started on temaril p and short course of lasix and scheduled for echo.

Abnormal PE/Chem/CBC/UA Results: Labwork just performed, all WNL

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	53	85	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				
PATIENT	NM	1.6	0.9		3.9	3.2	

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

14566ag

DATE

08/11/2023

Cardiac Presentation

The echocardiogram for this patient presented moderate increased left atrial size expressed both in the LA/AO and LA max measurements. Subtle deviation of the interatrial septum towards the right atrium suggestive of mild increased left atrial pressure was noted. The cranial and caudal mitral valve leaflets presented moderate thickening consistent with endocardiosis. Doppler indicated moderate eccentric insufficiency. The left ventricle presented thicknesses with linear contour and 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. 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 B2)



PATIENT

Peyton Walden

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

8yr

WEIGHT

12lb

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

14566ag

DATE

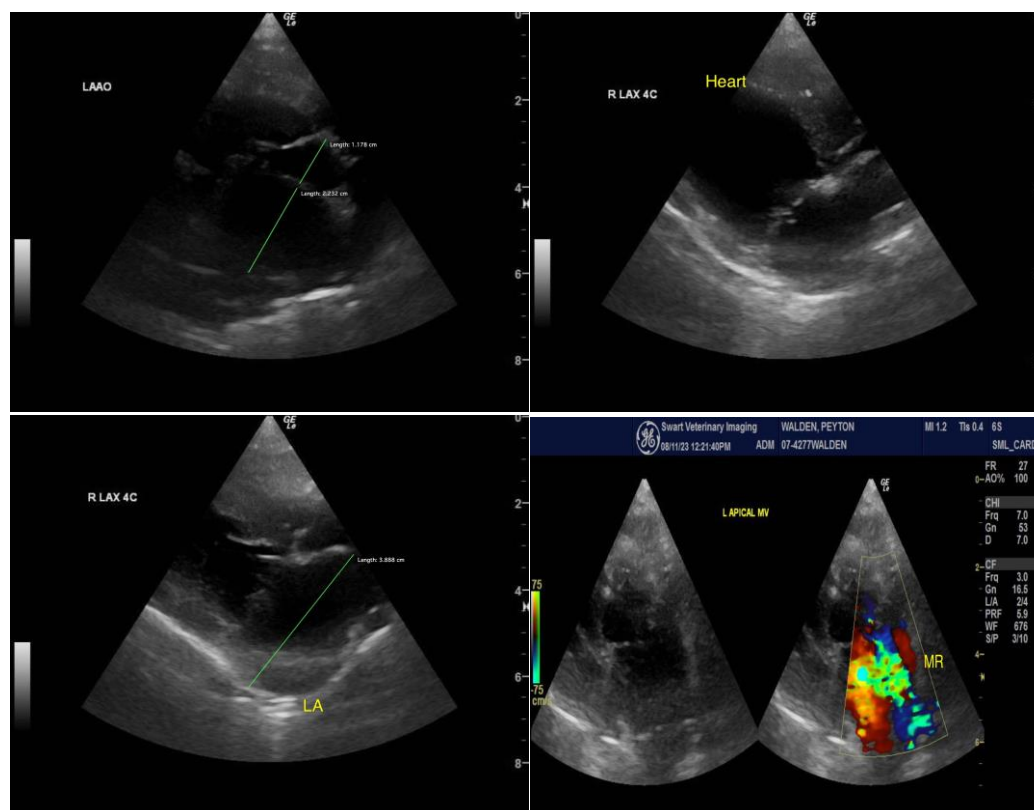
08/11/2023

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The moderately increased left atrial enlargement implies that the risk of complication secondary to mitral valve insufficiency is at least moderately elevated. No other clinical issues such as LV systolic dysfunction or evidence of clinical pulmonary hypertension.

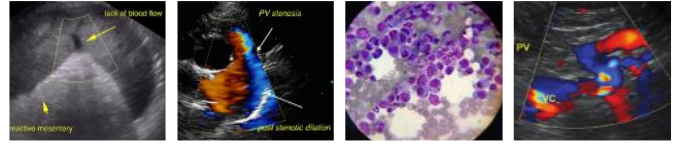
Pimobendan 0.3 mg/kg PO BID is recommended. If concern for pulmonary edema, lowest effective dose diuretic with monitoring of renal parameters would be warranted. Anti-tussive medication such as hydrocodone along with omega fatty acids and mild salt restriction may prove beneficial.

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



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

Peyton Walden

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

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

8yr

WEIGHT

12lb

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

14566ag

DATE

08/11/2023