



PATIENT

Hudson Ormsby

SPECIES

Canine

BREED

Kelpie

SEX

MN

AGE

9yr

WEIGHT

62lb

PRESENTING CLINICAL SIGNS

History: Patient with history of heart disease (last rads and ultrasound performed 4/4/22), presents for recheck echo due to worsening symptoms. Was diagnosed with stage C1 valvular disease with severe LAE in April 2022. Current meds: Spirinolactone 25mgs 1 1/2 PO Q12 hrs, Vetmedin 10 mgs 1 PO Q 12 hrs, Enalapril 20 mgs 1 PO Q 24 hrs.

Abnormal PE/Chem/CBC/UA Results: BUN 36, amy 426, otherwise unremarkable.

ULTRASONOGRAPHIC RECHECK 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	<1.3	28-40	40-100	<0.6
PATIENT	5.4	3.2		2.6	35.7	68.7	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	NM	1.2	0.75		7.5	5.6	

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional
Veterinary Hospital

REFERRING VET

Dr. Cattiny

INVOICE

11353ag

DATE

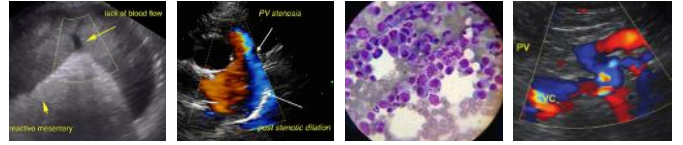
08/15/2022

Cardiac Presentation

The echocardiogram for this patient presented excessive left atrial size expressed both in the LA/AO and LA max measurements. Deviation of the interatrial septum towards the right atrium consistent with elevated left atrial pressure was present. The cranial and caudal mitral valve leaflets presented vegetative thickening consistent with endocardiosis. No evidence of chordae tendinea rupture. Doppler indicated measurable moderate 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 borderline increased size with normal structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated concurrent mild thickening with mild to moderate 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). Trace pericardial and moderate volume free pleural fluid was present. No echographically detectable evidence of infiltrative disease was visible. The cranial mediastinum and pericardial regions were free of masses in the visible window. Potential tachycardia and subjective arrhythmia was present.

ULTRASONOGRAPHIC FINDINGS

- Progressive chronic mitral valve disease with severe LA enlargement (ACVIM stage C/possible stage D)



PATIENT

Hudson Ormsby

- Mild to moderate pulmonary hypertension-estimated pulmonary pressure gradient ~ 40 mmHg
- Arrhythmia
- Trace volume pericardial and moderate volume pleural effusion

SPECIES

Canine

BREED

Kelpie

SEX

MN

AGE

9yr

WEIGHT

62lb

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Westwood Regional
Veterinary Hospital

REFERRING VET

Dr. Cattiny

INVOICE

11353ag

DATE

08/15/2022

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Previously diagnosed severe chronic valvular disease appears to have progressed from the previous echo with severe left heart dilation which is suspected to be a contributing factor to increased pulmonary pressures. Tachycardiac and arrhythmia was noted which may indicate onset of atrial fibrillation. Potential tachycardia may also predispose to right sided congestion. CHF is indicated by the pleural and trace pericardial fluid. Patients with CHF and potential atrial fibrillation are at high risk for recurrent complications such as malignant arrhythmias and potential sudden death. Consider hospitalization with IV diuretic following ECG assessment. Continue Pimobendan at current dose with Lasix/spironolactone combination both at 1-2 mg/kg PO BID. Rate control therapy potentially indicated based on ECG assessment. Continued monitoring of HR, BP as well as resting RR is suggested. Monitoring of renal parameters is recommended on diuretic therapy. Cardiology consult pending ECG assessment is likely ideal.



PATIENT

Hudson Ormsby

SPECIES

Canine

BREED

Kelpie

SEX

MN

AGE

9yr

WEIGHT

62lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional
Veterinary Hospital

REFERRING VET

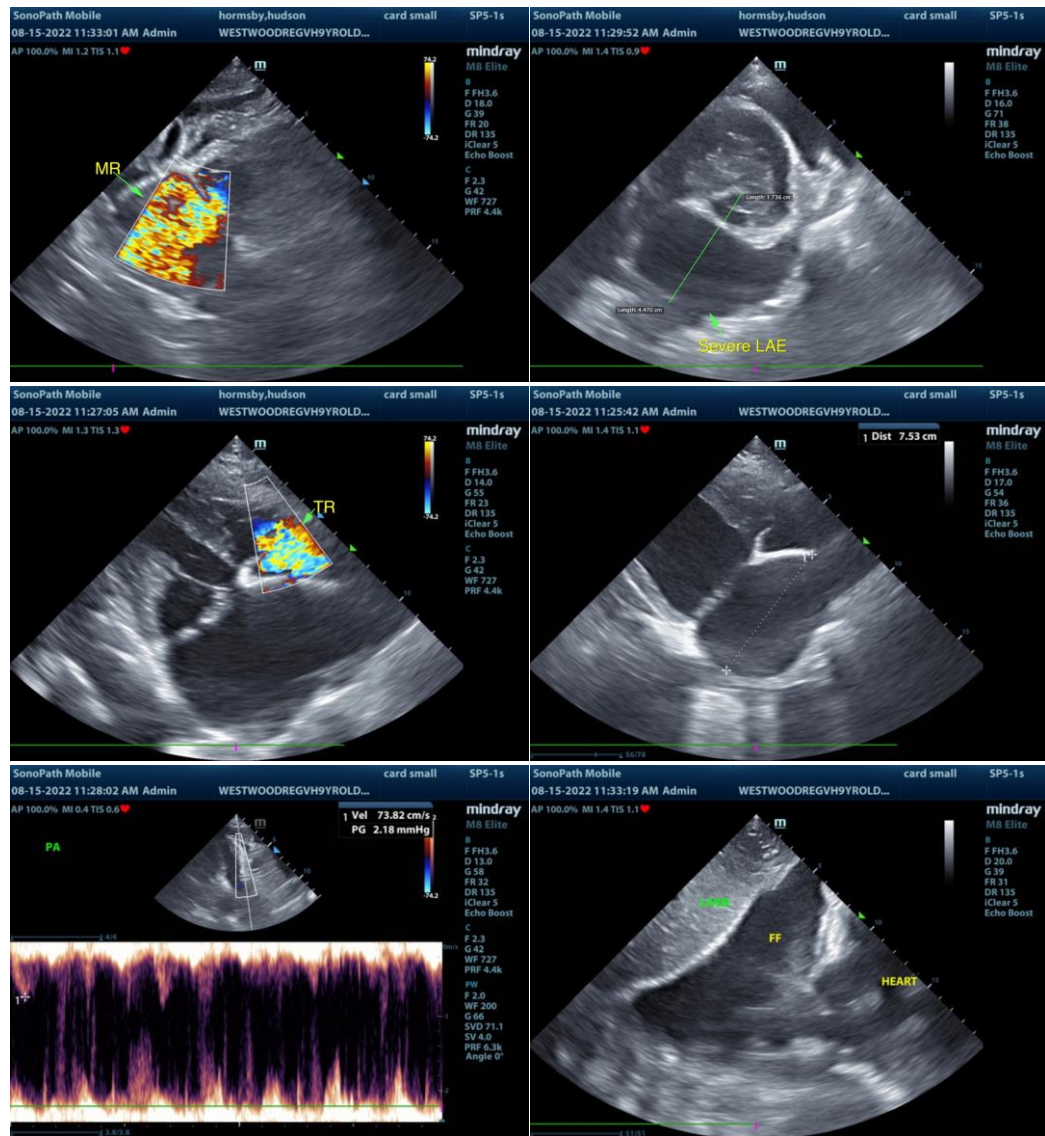
Dr. Cattiny

INVOICE

11353ag

DATE

08/15/2022



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