



PATIENT

Koda Valant

SPECIES

Canine

BREED

Cockapoo

SEX

M/N

AGE

1 years

WEIGHT

9.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCE

HOSPITAL NAME

Flaconridge AH

REFERRING VET

Dr. Rix

INVOICE

14824

DATE

8/15/23

PRESENTING CLINICAL SIGNS

Known mild MR and TR. Mildly dilated LA. See previous on Sonopath from January 2023. Assess for progression.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT				1.4	36	73.2	0.25
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)	(kg)	2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	NM	1.2	0.6		3.65	3.6	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 2 separate LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented moderate thickening consistent with endocardiosis. Doppler revealed mild to moderate eccentric insufficiency. The mitral valve inflow patterns are within normal limits. The E wave measures 0.84 m/sec, the A wave measures 0.73 m/sec in diastole. This indicates that the patient is NOT in left sided congestive heart failure. Normal values: E wave peak velocity (Early Diastolic Filling of LV) 0.6-1 m/sec . A-wave peak velocity (Atrial Contraction) 0.4-0.7 m/sec. Normal E wave velocity < 1.0 m/sec, Left Volume Overload 1-1.4 m/sec, Left CHF > 1.4 mm/sec. Normal E/A ratio 1-2. 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 static 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



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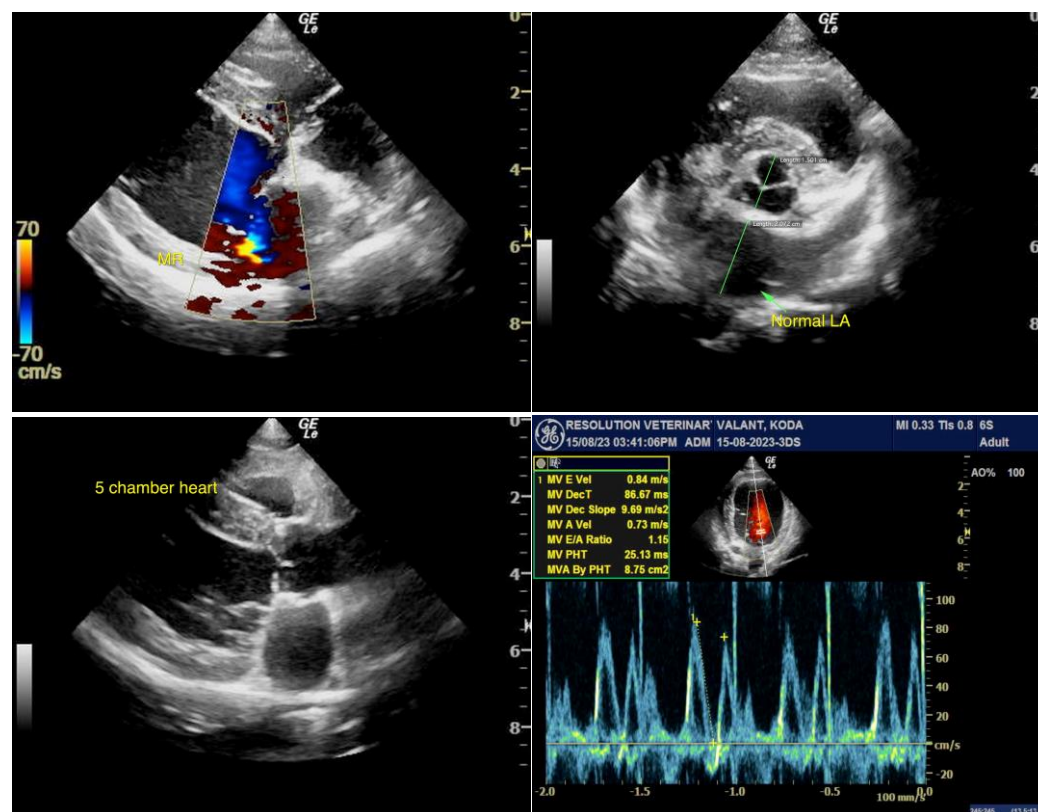
infiltrative disease was visible. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Static compensated mitral valve disease (ACVIM B1)
- Static mild TR - no evidence of clinical pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac presentation was overall static compared to the previous study without evidence of progression. There were no other clinical issues such as LV systolic dysfunction. Given no evidence of progressive LA enlargement with overall static cardiac presentation and without reported clinical signs, there is no overt indication for cardiac medications at this stage. Prognosis remains highly variable and sonographic monitoring is recommended. Recheck echocardiogram is suggested in 6-8 months, sooner if clinical signs arise.



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.



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