



PATIENT PRESENTING CLINICAL SIGNS

Tucker Sherrin History: Grade III/VI heart murmur. No current meds.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Multipoo

SEX

Neutered Male

AGE

10 Years

WEIGHT

N/A

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	--	--	1.5	1.6	38.1	70	0.24
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	99	1.7	1.6	--	3.0	2.9	--

Cardiac Presentation

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Livingston AH

REFERRING VET

Dr. Messina

INVOICE

16894

DATE

8/18/22

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM early B-2)
- Mild TR- no evidence of clinical pulmonary hypertension

The echocardiogram for this patient presented mild increased **left atrial size** two different LA measurement methods. Chamber volumes were essentially normal with normal echogenicity. The cranial and caudal **mitral** valve leaflets presented mild vegetative thickening consistent with mild endocardiosis. No evidence of valvular prolapse or tendineae rupture. Doppler indicated measurable 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 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.



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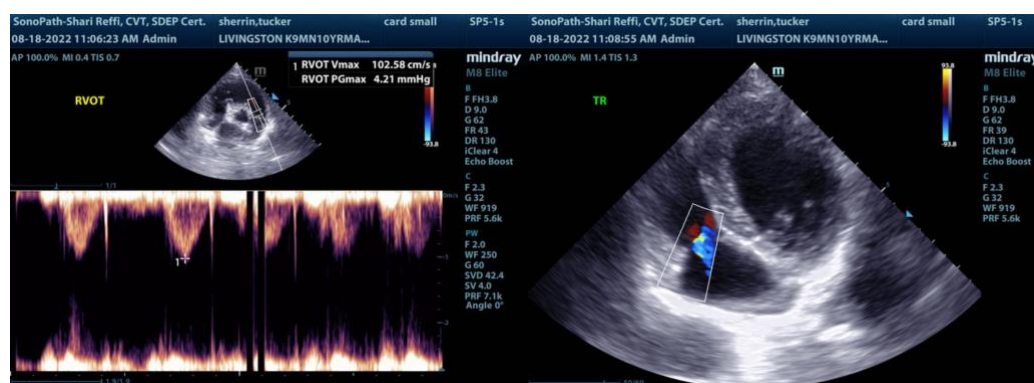
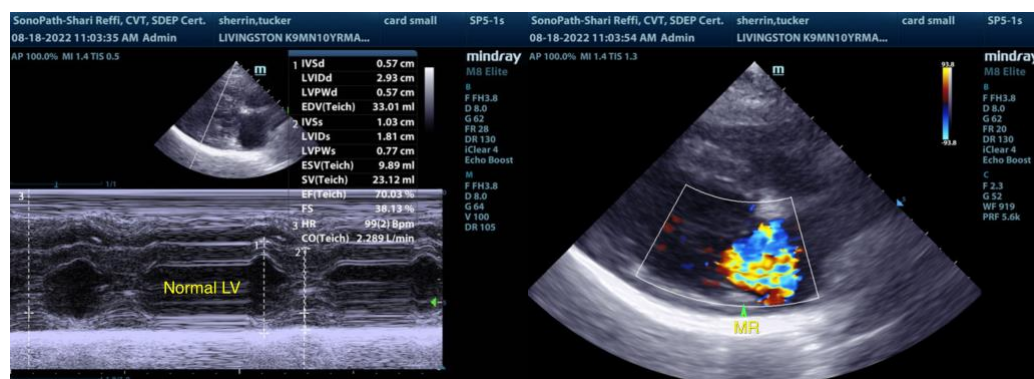
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur secondary to mild chronic degenerative valvular changes with secondary primary eccentric mitral valve and mild concurrent tricuspid valve insufficiency. The mild left atrium enlargement indicates that the current and future risk, going forward, for complication is mildly elevated, yet overall, the heart appears to be compensated. No other additional issues, such as LV systolic dysfunction or evidence of clinical pulmonary hypertension. In an assumed nonclinical patient with only mild left atrial enlargement, cardiac medications are not overtly indicated. Alternatively, Pimobendan at 0.3 mg/kg PO BID could be considered, as this medication may help prolong cardiac changes secondary to mitral valve insufficiency. Prognosis at this stage is highly variable and serial sonographic monitoring is required for further prognosis. No other indication for additional cardiac medications. Recheck echocardiogram is suggested in 6 months or sooner if clinical signs arise. No overt anesthetic contraindications, if anesthesia is required.

Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.

<https://www.antechdiagnostics.com/cadet-braf>





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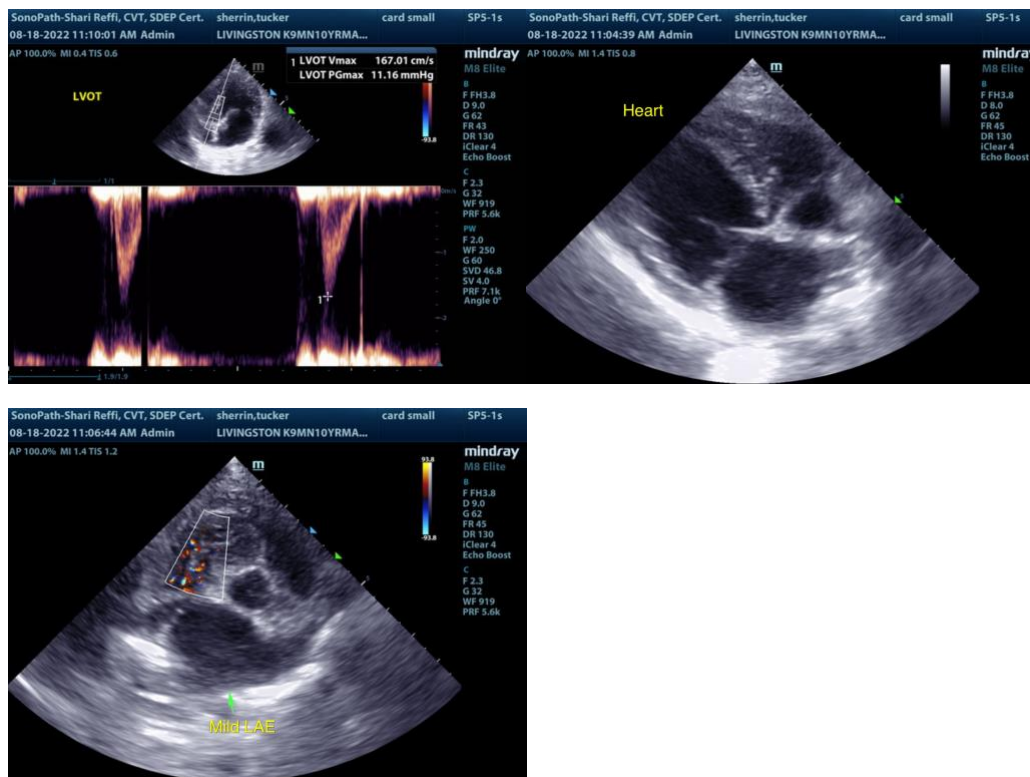
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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