



PATIENT

Abby Steinburg

PRESENTING CLINICAL SIGNS

Recheck Murmur

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

King Charles Spaniel

SEX

FS

AGE

12 years

WEIGHT

22.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

North Jersey AH

REFERRING VET

Dr. Sopranyi

INVOICE

14868

DATE

8/22/23

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	6.2	2.5		1.4	53	85	0.2
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	141	1.4	1.3		3.9	3.75	

Cardiac Presentation

The echocardiogram in this patient demonstrated mildly enlarged **left atrial** size based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented mild to moderate thickening consistent with endocardiosis. No overt valvular prolapse was noted. Doppler indicated measurable moderate eccentric insufficiency with mild increased measured MR velocity. The **left ventricle** presented normal thicknesses with maintained linear contour. Subjective borderline increased LV volume was noted. 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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ULTRASONOGRAPHIC FINDINGS

- Compensated chronic mitral valve disease (ACVIM mild B2)
- Mild increased MR velocity
- Mild TR - no evidence of clinical pulmonary hypertension

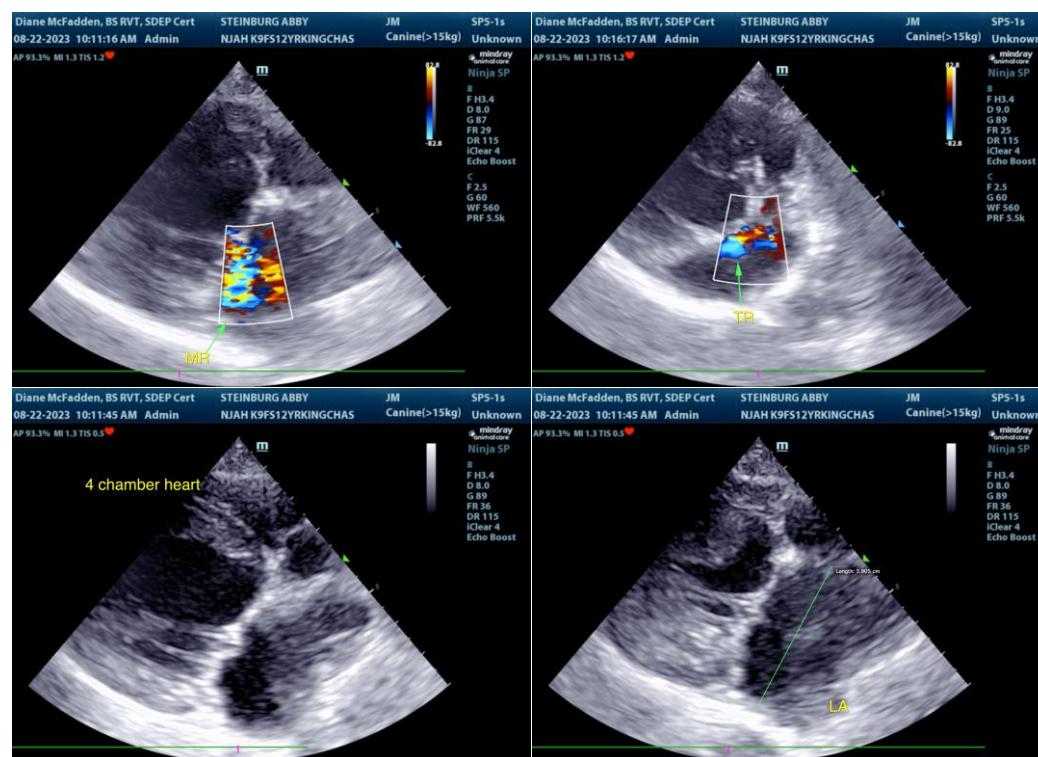
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild increased LA size and subjective borderline increased LV volume indicate that the current and future risk of complications secondary to MR is mildly elevated yet overall the heart is compensated. There were no other clinical issues such as LV systolic dysfunction.

In a nonclinical patient without evidence of significant chamber enlargement, cardiac medications are not indicated. However, given evidence of mild increased left chamber size, Pimobendan 0.3 mg/kg PO BID is warranted at this stage. There is no indication for additional cardiac medications. Systemic BP is suggested to assess for or rule out hypertension given mild increased measured MR velocity.

Prognosis is considered highly variable given the breed and serial sonographic monitoring is advised. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs arise. There is no anesthetic contraindication 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.





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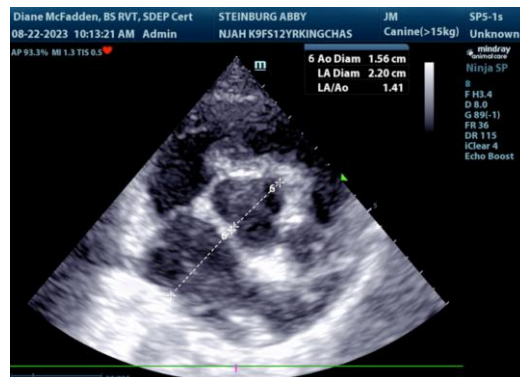
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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