



PATIENT PRESENTING CLINICAL SIGNS

Sam Baumer Grade II/VI basilar systolic intermittent murmur. No current meds.
Abnormal PE/Chem/CBC/UA Results: wnl, u/a NA

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Border Collie

SEX

Neutered Male

AGE

11 Years

WEIGHT

46 Pounds

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	5.1	2.5	NM	1.25	33.3	65.6	0.38
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	105	1.4	0.83		3.7	3.0	

Cardiac Presentation

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Lovell

INVOICE

25072

DATE

8/30/21

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B1)
- Concurrent mild tricuspid and pulmonic valve insufficiency

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable 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** valve demonstrated subjective subtle valvular thickening. Color doppler assessment revealed mild tricuspid valve insufficiency. 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). Color doppler assessment of the pulmonic valve revealed minor pulmonic valve insufficiency. 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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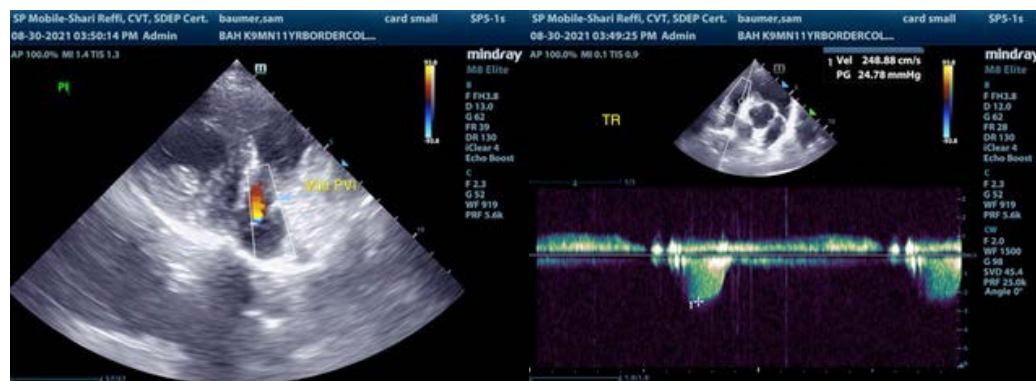
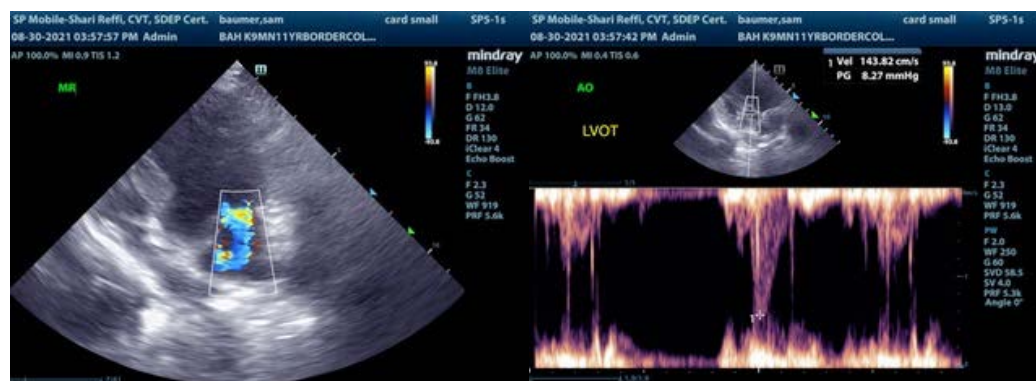
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is most consistent with mild chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. Concurrent tricuspid and pulmonic valve insufficiencies also noted, yet not considered clinically significant. No other clinical issues such as systolic dysfunction or clinical pulmonary hypertension noted. The lack of left atrial enlargement indicates that the risk of future complication is low at this point, yet prognosis is highly variable at this stage. No indication for cardiac medications. Conservative and sonographic monitoring with initial recheck in 6 months recommended, sooner if increase in murmur intensity or clinical signs suggestive of heart disease are noted.





PATIENT

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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.

SPECIES

Canine

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

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