



PATIENT

Jinx Werner

SPECIES

Canine

BREED

Papillon

SEX

M

AGE

12 yrs

WEIGHT

15 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Warren AH

REFERRING VET

Dr. Duffy

INVOICE

14769

DATE

8/31/22

PRESENTING CLINICAL SIGNS

Grade IV/VI HM. Current meds: Doxy
Abnormal PE/Chem/CBC/UA Results: CI 155

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	6.3	1.8	1.8	1.8	38.4	69.2	0.27
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	134	1.7	0.87		4.1	3.6	

Cardiac Presentation

The echocardiogram in this patient demonstrated mild to moderately enlarged **left atrial** size based on 3 different LA measurement methods. Mild deviation of the interatrial septum towards the right atrium, suggestive of increased left atrial pressure, was present. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis with mild prolapse of the septal leaflet. Doppler indicated measurable moderate eccentric insufficiency. Mild elevated MR velocity was present. The **left ventricle** presented thicknesses with maintained linear contour with 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. Mild aortic insufficiency was present in doppler. 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 present 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

- Chronic mitral valve disease with mild septal leaflet prolapse (ACVIM B2)
- Aortic insufficiency
- Mild TR

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is secondary to chronic degenerative valvular changes with primary eccentric mitral valve and mild tricuspid valve insufficiency. The increased left atrium size indicates that the current and future risk of complication is elevated.

Pimobendan 0.3 mg/kg PO BID is recommended with baseline monitoring of resting respiration rate. A weak diuretic initially such as Spironolactone 1.0-2.0 mg/kg PO BID could be considered if clinical evidence of increased resting respiration rate. Systemic BP is recommended given increased MR velocity, as well as presence of aortic insufficiency. Serial sonographic monitoring is required for further prognosis, which is highly variable at this stage. Recheck echocardiogram is recommended in 4-6 months, sooner if clinical signs consistent with left-sided congestion arise. No other clinical issues such as LV systolic dysfunction or evidence of clinical pulmonary hypertension were noted.

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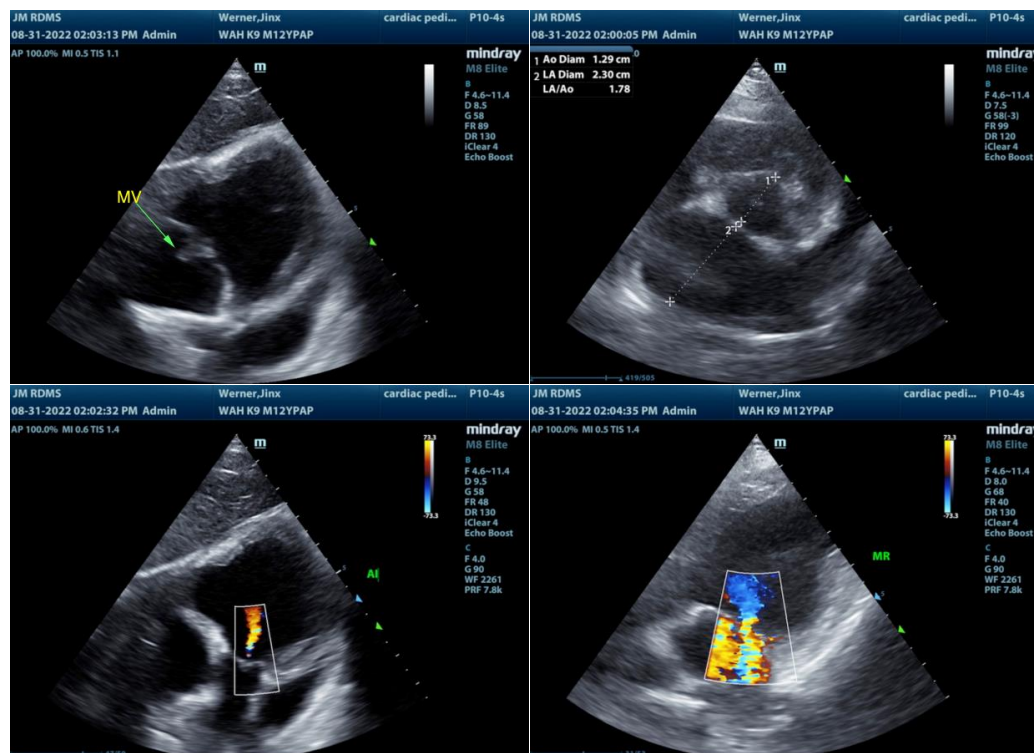
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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