


PATIENT

Romeo Brennan

PRESENTING CLINICAL SIGNS

History: Patient with history of cardiac disease presents for recheck echo due to heart murmur grade 3/6 and increased coughing. Current meds: Lasix, pimobendan, and Reconcile.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: BUN/Creat. 66, BUN 53, creat. 0.8. BPM: Normal. CBC: Normal.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
BREED

Yorkshire Terrier

SEX

MN

AGE

10yr

WEIGHT

11.3lb

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	5.7	1.0	1.7	1.8	40.3	74.3	0.33
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	119	1.4	0.64		4.2	3.8	

INTERPRETED BY

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

Cardiac Presentation

The echocardiogram for this patient presented excessive left atrial size expressed both in the LA/AO and LA max measurements. Mild deviation of the interatrial septum towards the right atrium indicative 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 mitral valve leaflet. Doppler indicated measurable moderate eccentric insufficiency. The left ventricle presented thicknesses with linear contour and mild 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. 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 minor 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.

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

 Brenda King
 Veterinary Services

REFERRING VET

Dr. Brenda King

INVOICE

11280ag

DATE

08/05/2022

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease with mild septal leaflet prolapse (ACVIM B2)
- Static minor TR-no evidence of clinical pulmonary hypertension



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of progressive chamber enlargement with mild reduced LA/AO ration compared to the previous study. The persistent moderate LA enlargement indicated that the risk of complication remains moderately elevated. Continued Pimobendan and diuretic therapy at lowest effective dose to control clinical signs would be reasonable. The coughing in this patient may be multifactorial with some contribution owing to mainstem bronchi irritation secondary to LA enlargement. Minorng of three view chest radiographs is suggested. Anti-tussive medications such as hydrocodone may prove beneficial. Prognosis remains highly variable and serial sonographic monitoring is required for further assessment. Continued close monitoring of renal parameters on diuretic therapy is recommended.

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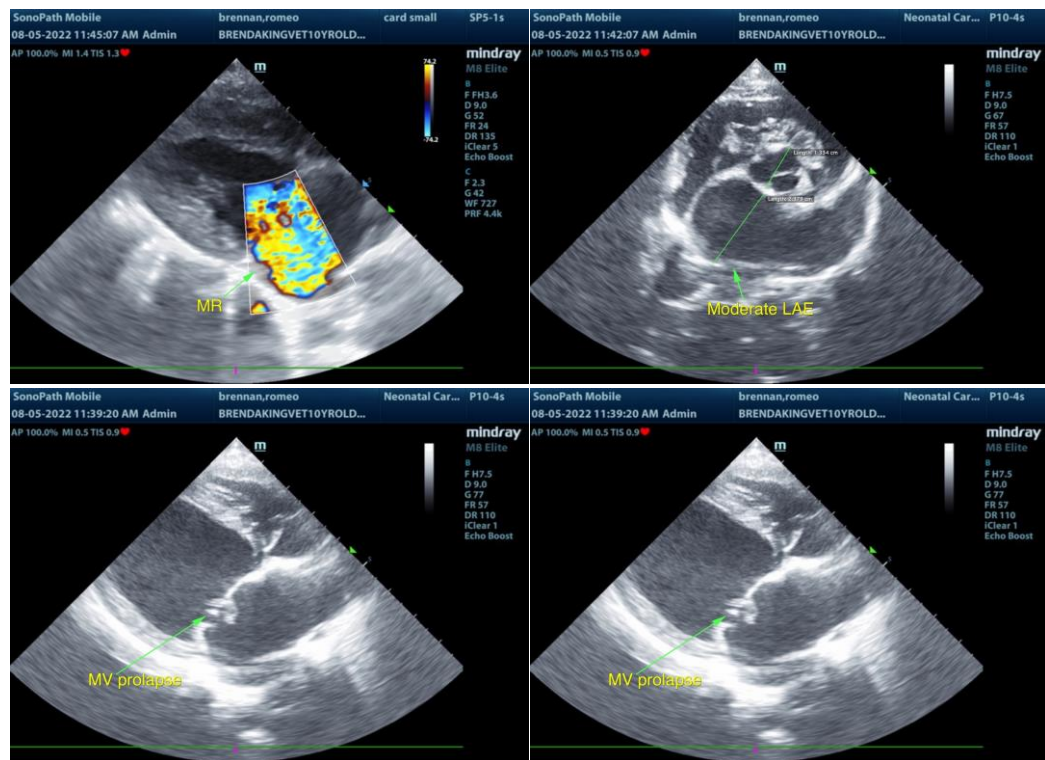
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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