



PATIENT

Harry Fleming

PRESENTING CLINICAL SIGNS

History: Mild generalized cardiomegaly on rads. VHS 10.3 w/ mild perihelion opacity

SPECIES

Canine

BREED

Bichon Frise

SEX

MN

AGE

13yr

WEIGHT

19.3lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Casulli

INVOICE

11332ag

DATE

08/09/2022

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

| 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 | 5.2 | 3.1 | 1.66 | 1.66 | 43.2 | 75.4 | 0.25 |
| 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 | 174 | 1.3 | 1.0 | | 3.8 | 3.5 | |

Cardiac Presentation

The echocardiogram for this patient presented excessive left atrial size expressed both in the LA/AO and LA max measurements Chamber volumes and echogenicity were normal. The cranial and caudal mitral valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable 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 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

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM mild B2)
- Mild TV insufficiency- estimated pulmonary pressure gradient consistent with minor elevated pulmonary pressure yet not suggestive of clinical pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is secondary to chronic degenerative valvular changes with secondary eccentric mitral and mild tricuspid valve insufficiency. The risk of complication is mildly elevated yet overall the heart appears to be compensated. Prognosis at this stage is highly variable and serial



PATIENT

Harry Fleming

sonographic monitoring is necessary for further assessment. Pimobendan 0.3 mg/kg PO BID is suggested even though the heart appears to be compensated as this medication may help prolong cardiac changes associated with mitral valve insufficiency. Recheck echocardiogram suggested in 6 months sooner if clinical signs arise.

SPECIES

Canine

BREED

Bichon Frise

SEX

MN

AGE

13yr

WEIGHT

19.3lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

ACC Flanders

REFERRING VET

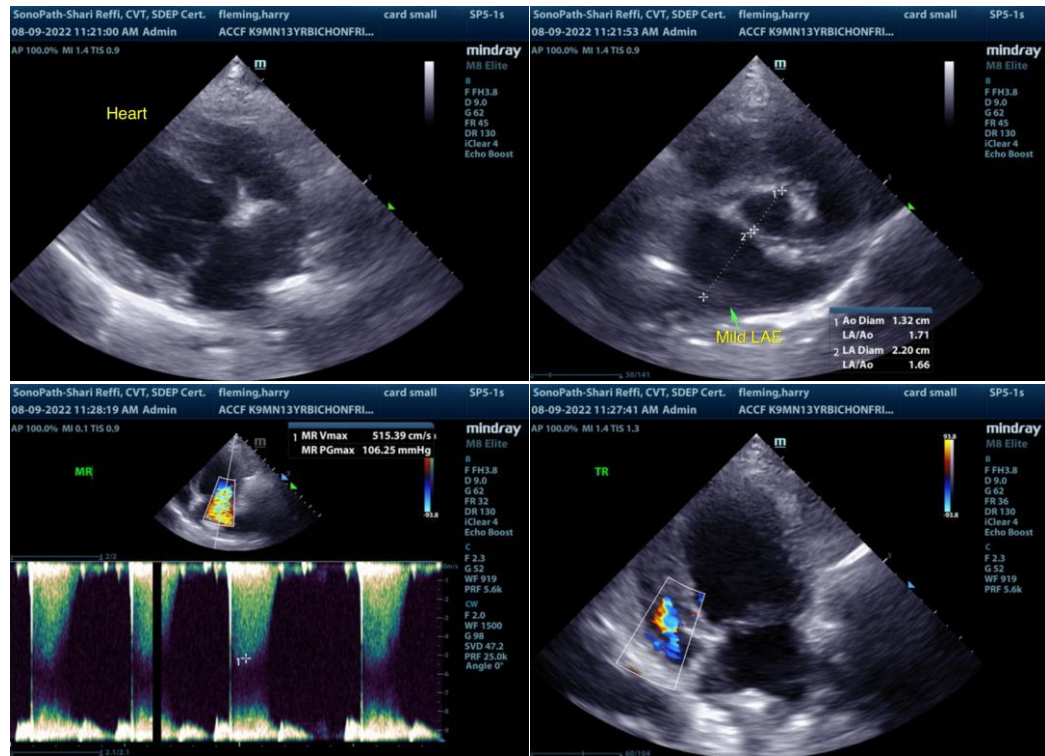
Dr. Casulli

INVOICE

11332ag

DATE

08/09/2022



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