



PATIENT PRESENTING CLINICAL SIGNS

Winston McNair

History: Heart murmur

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Dental calculus Left systolic heart murmur 5 out of 6

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

10

WEIGHT

12.3

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	--	--	--	1.35	43	78	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	NM	1.7	0.8	--	2.9	3.0	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

23856

DATE

8/9/23

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented moderate thickening consistent with endocardiosis. No overt valvular prolapse. Doppler indicated mild to moderate eccentric insufficiency. The **left ventricle** presented normal thicknesses with linear contour with subjective borderline increased LV 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.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B-1- early B-2)
- Borderline increased LV volume, normal LV systolic function.



PATIENT

- Minor TR- no evidence of clinical pulmonary hypertension.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Overall, static echocardiogram based on measurements compared to the previous study, without evidence of significant progression. The lack of overt or significant LA enlargement indicates that the current and future risk of complications, secondary to MR, at this stage, is low. In an assumed nonclinical patient, without evidence of significant chamber enlargement, no obvious indication for cardiac medications. Prognosis is considered highly variable and serial sonographic monitoring is advised. NO overt anesthetic contraindications, with anesthetic risk considered mild. Judicious IV fluid use under anesthesia and perioperatively is recommended. Recheck echocardiogram is suggested in 6 months or sooner if clinical signs consistent with heart disease arise.

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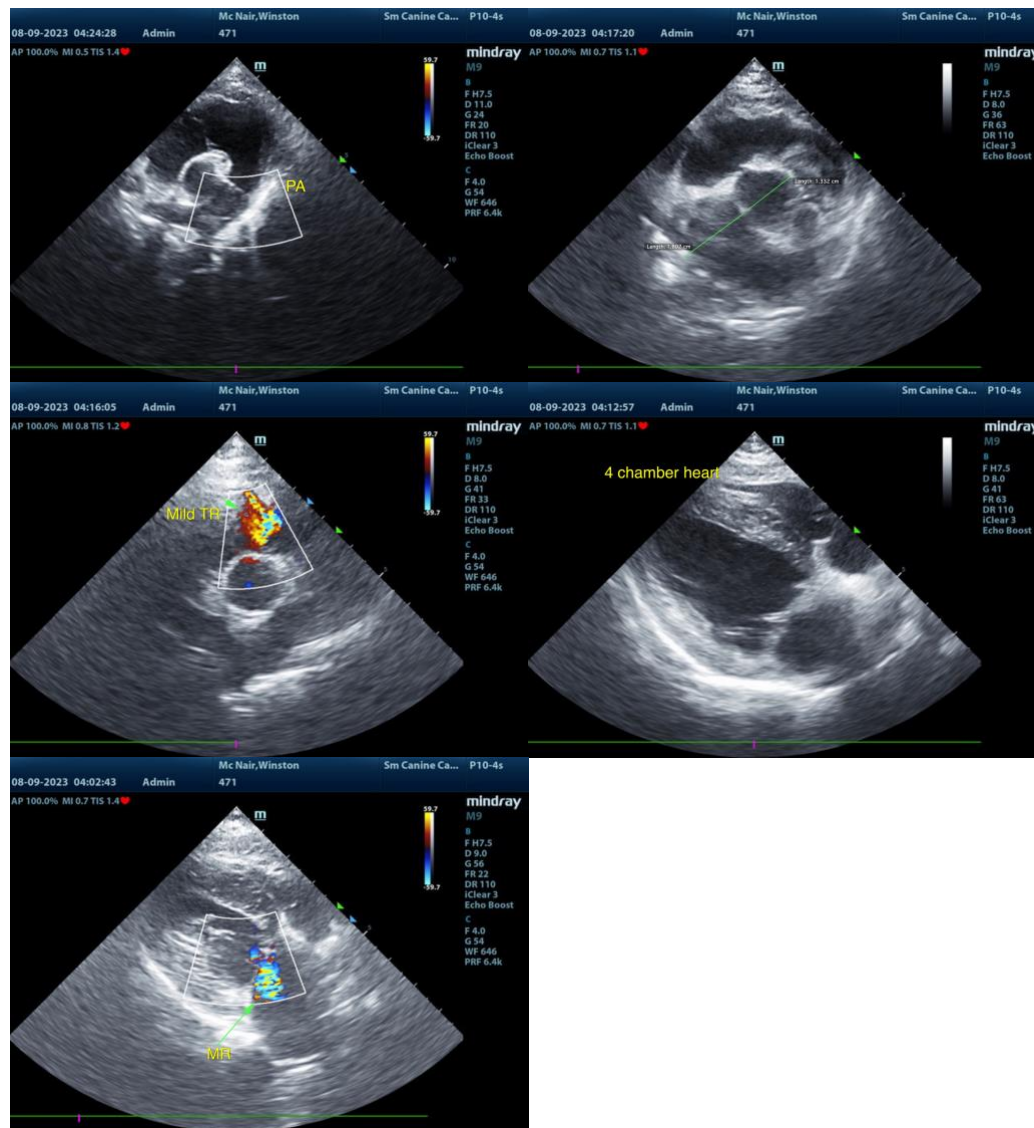
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

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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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