



PATIENT

Pete Austin

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

11 years

WEIGHT

N/A

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

East Plane AH

REFERRING VET

D.r Rosen

INVOICE

12231

DATE

9/14/21

PRESENTING CLINICAL SIGNS

3/6 systolic murmur; asymptomatic. Please assess for needed dental procedure. On enalapril 2.5mg x 1/2 tablet bid

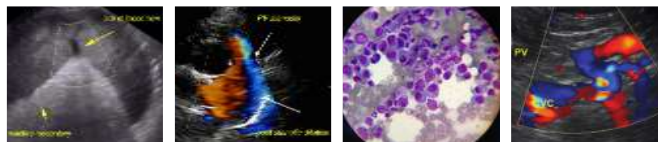
Abnormal PE/Chem/CBC/UA Results: cbc/chem pending

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	<1.6	28-40	40-100	<0.6
PATIENT	6.2	2.4	1.55	1.57	39.1	71.3	0.15
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	BELOW	BELOW	BELOW	BELOW
PATIENT	152	1.2	0.8		2.7	2.9	

Cardiac Presentation

The echocardiogram in this patient demonstrated mildly enlarged **left atrial** size based on 3 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable eccentric insufficiency. The mitral valve insufficiency velocity was elevated as indicated in the graph. 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 adequate linear morphology. Color doppler assessment indicated 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). 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.



PATIENT

Pete Austin

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

11 years

WEIGHT

N/A

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

East Plane AH

REFERRING VET

D.r Rosen

INVOICE

12231

DATE

9/14/21

ULTRASONOGRAPHIC FINDINGS

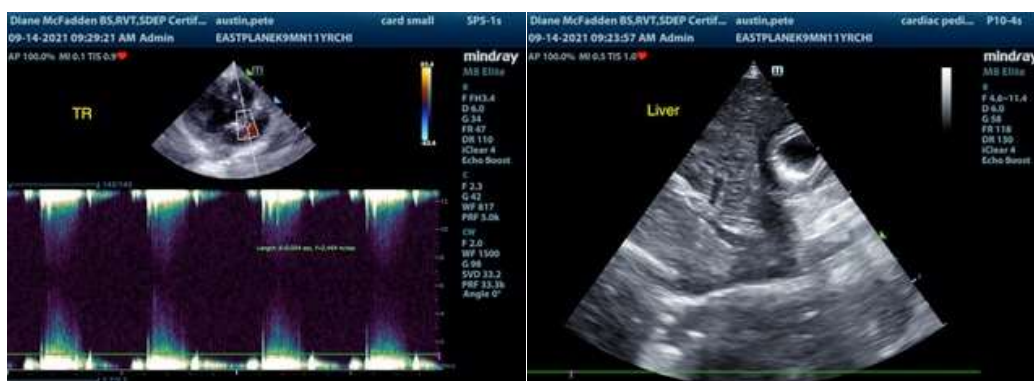
Primary Findings

- Chronic mitral valve disease (ACVIM B2)
- Mild tricuspid valve insufficiency - estimated pulmonary pressure gradient not consistent with clinical pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The lack of significant left atrium enlargement indicated that the risk of future complication is relatively low at this time, yet prognosis at this stage is highly variable. Given the lack of left atrium or left heart volume overload, specific cardiac medications are not indicated at this time. conservative monitoring with periodic monitoring of resting respiration rate is suggested. No overt anesthetic contraindications yet the patient may be more prone to possible fluid overload. The following anesthetic protocol is recommended. Assessment of systemic blood pressure is recommended prior to anesthesia, given the mildly elevated mitral regurgitation velocity. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs consistent with heart disease develop.

Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.





PATIENT

Pete Austin

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

11 years

WEIGHT

N/A

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

East Plane AH

REFERRING VET

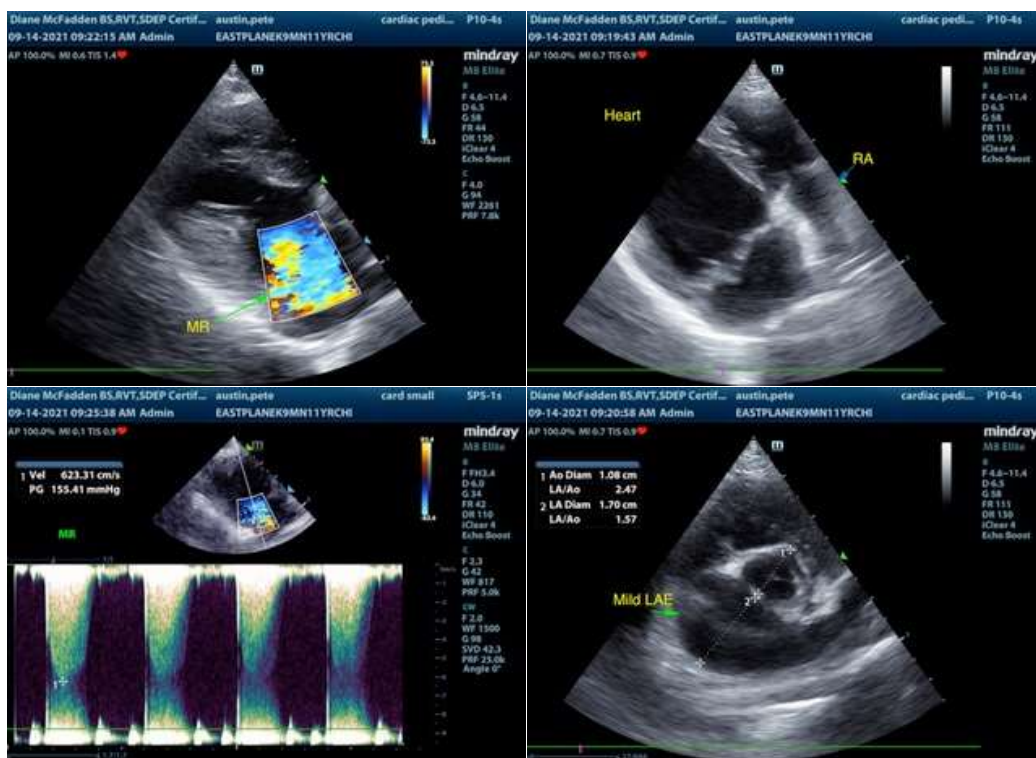
D.r Rosen

INVOICE

12231

DATE

9/14/21



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.

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