



PATIENT PRESENTING CLINICAL SIGNS

Miley Sauers
 History: First Noticed heart murmur, grade III/VI in Jan 2019. Has not changed, still grade III/VI; owner now wanting to work up. Miley brother also has a heart murmur and currently on meds for CHF. No current clinical signs.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: PE normal other than heart murmur. Recent bw cbc:wnl/nsf chem: alk phos 337 (has been this range in past, no significant change) AST 56 T4 1.1 UA: USG 1.055 4 + protein UPC 5.8 rbc 20-30 some ca oxalate crystals Fecal AG neg 4 dx plus neg

BREED

Miniature Schnauzer

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX

Spayed Female

AGE

12 Years

WEIGHT

10.42 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mavis McCormick-Rantze

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Mavis McCormick-Rantze

INVOICE

13049

DATE

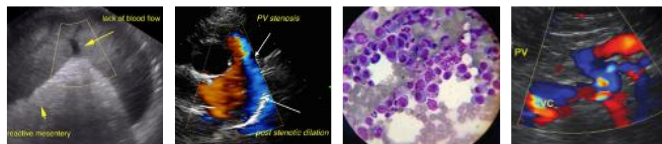
9/15/21

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	--	--	NM	1.42	39.1	72.9	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	BELOW	BELOW	BELOW	BELOW
PATIENT	NM	NM	NM	--	2.7	2.66	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented mild vegetative thickening consistent with mild endocardiosis. 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 subjective normal 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. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract subjective normal valve structure 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



PATIENT

- Overtly normal cardiac structure and function- mild mitral valve endocardiosis

Miley Sauers

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur given the presence of mild mitral valve thickening is most consistent with mild chronic degenerative valvular changes with mitral valve insufficiency. The risk of current and future complication is considered low given the lack of left atrium enlargement or increased left ventricle volume. Given these findings, no indication for cardiac medication. Conservative monitoring would be appropriate. Recheck echocardiogram recommended in 6-12 months or sooner if clinical signs consistent with heart disease develop.

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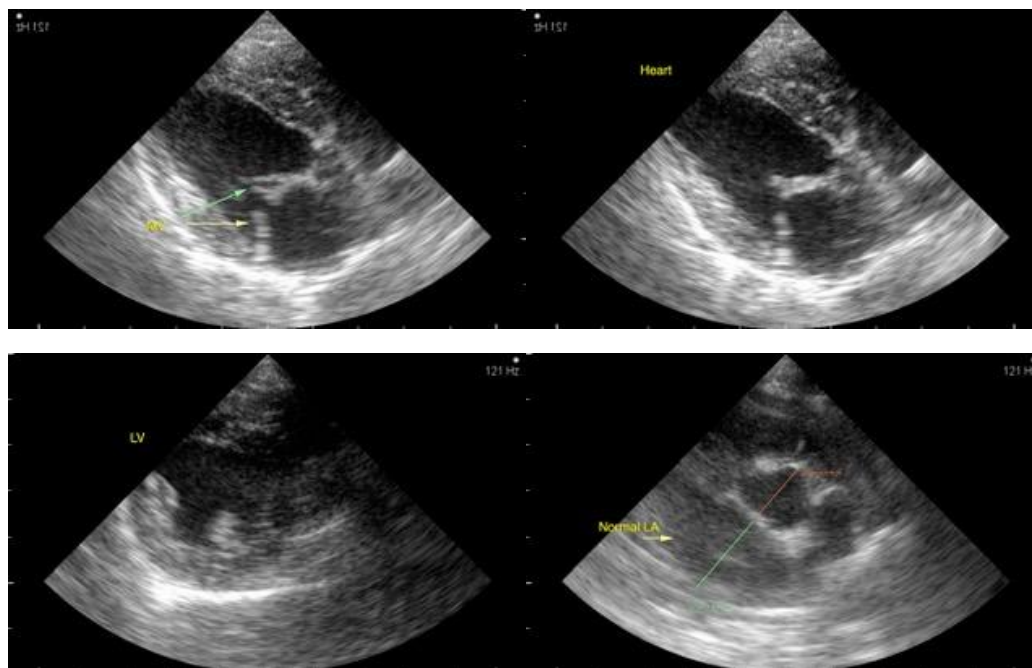
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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