



PATIENT

Kelly Feeney

SPECIES

Canine

BREED

Yorkie

SEX

FS

AGE

14 years

WEIGHT

7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Animal Care Centers
of Flanders

REFERRING VET

Dr. Casulli

INVOICE

14906

DATE

9-20-22

PRESENTING CLINICAL SIGNS

3/6 systolic murmur, coughing in the afternoons, cardiomegaly on rads. On enalapril 2.5 mg x 1/2 sid for hypertension

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT	5.8	1.5	1.31	1.33	56.7	88.7	0.1
CANINE	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)
CARDIAC PARAMETERS							
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	120	1.0	0.85		2.2	2.1	

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 vegetative thickening consistent with endocardiosis with minor prolapse of the septal leaflet. Doppler indicated measurable moderate eccentric insufficiency. The **left ventricle** presented normal 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 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.



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ULTRASONOGRAPHIC FINDINGS

- Chronic mitral disease with minor septal leaflet prolapse (ACVIM B1)
- Mild TR

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of left atrium or left ventricle enlargement indicates that the hemodynamic effects of the mitral valve insufficiency at this stage are low and thus current risk of complication is low. No overt evidence of clinical pulmonary hypertension based on measured TR velocity (estimated pulmonary pressure gradient <20 mm Hg). The overall cardiac presentation is not consistent with a definitive cardiogenic cough. Consideration for primary lower airway disease may be indicated.

No overt indication for cardiac medications at this stage given the lack of left atrium enlargement or evidence of clinical pulmonary hypertension. As-needed respiratory support is suggested.

Prognosis is highly variable and serial sonographic monitoring is required for further assessment. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs suggestive of left-sided congestion or progressive clinical pulmonary hypertension are noted.

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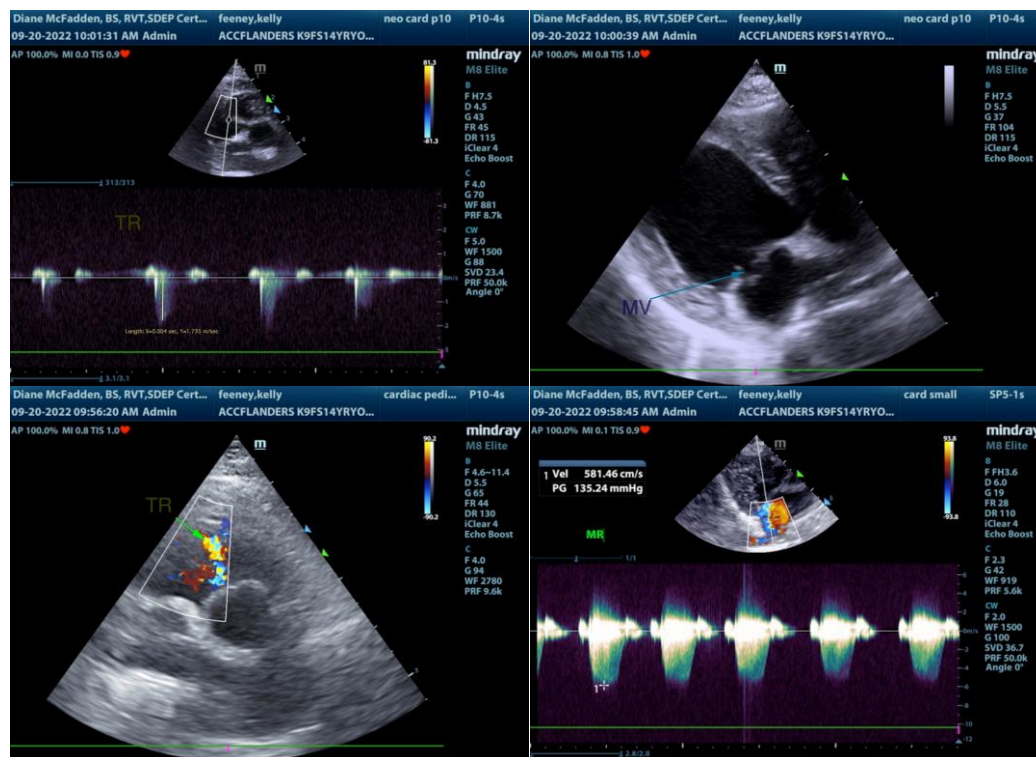
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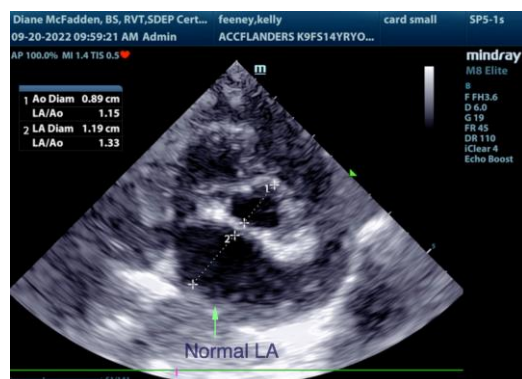
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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