



PATIENT PRESENTING CLINICAL SIGNS

Mayzie Dobratz Heart murmur 3/6 was noted during PE. has increased respiratory rate and not interested in walks as much. No coughing and still eats normal amounts. No BW or chest rads taken at this time. Owner decided on the echo first.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

10 Years

WEIGHT

14.7 Pounds

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	5.5	2.5	1.4	1.57	46	80.2	0.16
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	121	1.0	0.95		2.4	2.2	

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Sam Landry

INVOICE

25787

DATE

9/24/21

Cardiac Presentation

The echocardiogram for this patient presented mildly 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 mitral valve 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 adequate linear morphology. Color doppler assessment of the tricuspid valve revealed mild 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. No evidence of arrhythmic disease.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B1)



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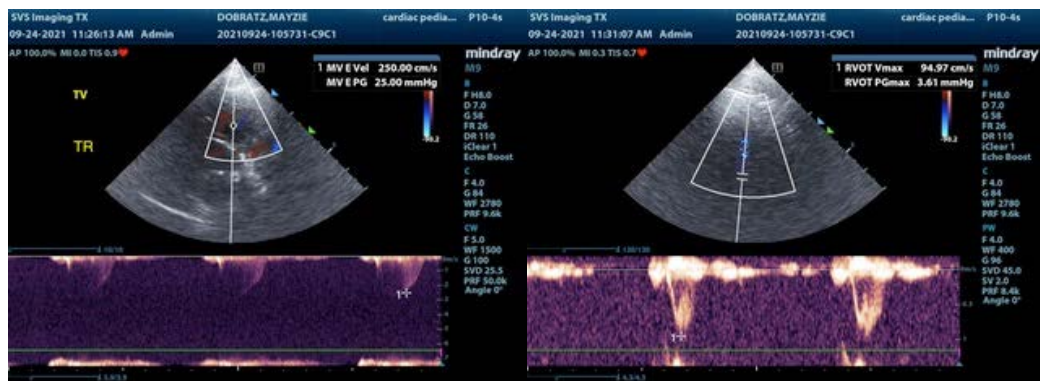
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of significant left atrial enlargement, the risk of future complication owing to mitral valve insufficiency is considered low. No other clinical issues such as systolic dysfunction or evidence of clinical pulmonary hypertension were noted. Given the assessment of the heart, respiratory abnormalities associated with heart disease are not anticipated. Consideration for primary upper versus lower causes of increased respiration rate or possible pain (if clinically applicable) may be considered. No indication for cardiac medications at this stage. Correlation with 3-view chest radiographs recommended. Recheck echocardiogram recommended in 6-12 months, sooner if clinical signs consistent with heart disease (exercise intolerance, elevated resting respiration rate, etc.) are noted.





PATIENT

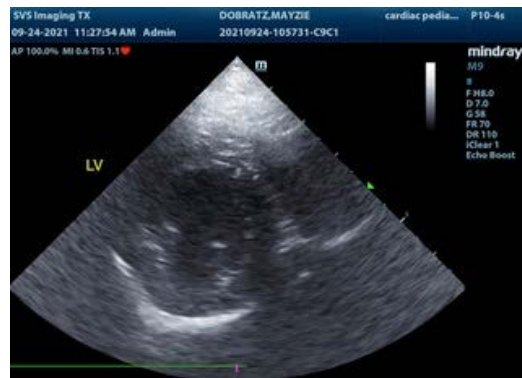
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

AGE

10 Years

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

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