



PATIENT PRESENTING CLINICAL SIGNS

Romeo Brennan Patient presents for echo. Current meds: Famotadine 10mgs/ml 0.25 mls BID, Reconcile 8mgs 1 tab PO SID.
 Abnormal PE/Chem/CBC/UA Results: ALT 126, BUN/Creat. 29.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

9 Years

WEIGHT

10.3 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 | | | 1.64 | 1.94 | 32.7 | 62.7 | 0.26 |
| 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 | 80 | 1.3 | 0.8 | | 3.4 | 3.1 | |

Cardiac Presentation

The echocardiogram for this patient presented moderately 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 mitral valve insufficiency. Mild prolapse of the septal mitral valve leaflet noted. No evidence of chordae tendineae rupture. The **left ventricle** presented normal thicknesses with linear contour with increased left ventricular 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 adequate linear morphology. 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Brenda King Vet

REFERRING VET

Dr. Brenda King

INVOICE

25782

DATE

9/24/21

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease with mild septal mitral valve leaflet prolapse (ACVIM B2)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes with mild septal leaflet prolapse and secondary mitral valve insufficiency. The moderate left atrial enlargement as well as increased left



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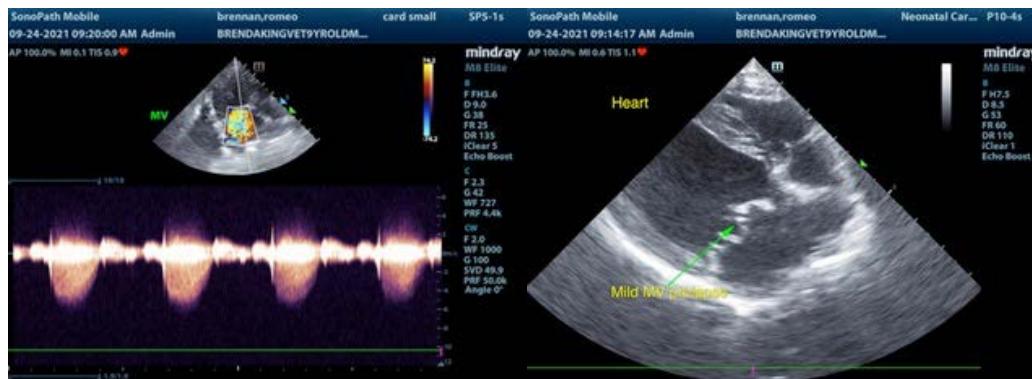
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ventricular volume indicate that the risk of future complication is elevated. Pimobendan 0.3 mg/kg PO BID is recommended. Baseline resting respiration rate is also advised. If periods of increased resting respiration rate have been noted, yet no overt evidence of pulmonary edema, a weak diuretic such as Spironolactone (1-2 mg/kg PO BID) may be considered. Serial sonographic monitoring is required for further prognosis. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs consistent with heart disease are noted. Screening blood pressure recommended.



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.

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