



PATIENT PRESENTING CLINICAL SIGNS

Chesterfield Harris Heart murmur. No cough reported.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Poodle X

SEX

Neutered Male

AGE

13 Years

WEIGHT

12.1 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			NM	1.53	35.5	66.5	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				
PATIENT	119	1.28	1.0		3.3	3.1	

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Bergen Passaic AH

REFERRING VET

Dr. Ben Spitz

INVOICE

25827

DATE

9/27/21

Cardiac Presentation

The echocardiogram for this patient presented mildly excessive **left atrial size** expressed both in the LA/AO and LA max measurements. 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. 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.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B2)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is consistent with chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The mild left atrial enlargement indicates that the risk of future complication is mildly elevated, yet prognosis at this stage is highly variable. Based on EPIC Study criteria, this patient may be considered borderline for Pimobendan use. It would be reasonable for continued conservative monitoring, although Pimobendan at this stage would be warranted given the



PATIENT

Chesterfield Harris

mildly elevated left atrial enlargement and potential beneficial effects as far as prolonging cardiac changes associated with mitral valve insufficiency. Regardless, recheck echocardiogram suggested in 6 months to assess for evidence of progressive chamber enlargement, sooner if clinical signs suggestive of heart disease (exercise intolerance, coughing, increased resting respiration rate, etc.) are noted.

SPECIES

Canine

BREED

Poodle X

SEX

Neutered Male

AGE

13 Years

WEIGHT

12.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Bergen Passaic AH

REFERRING VET

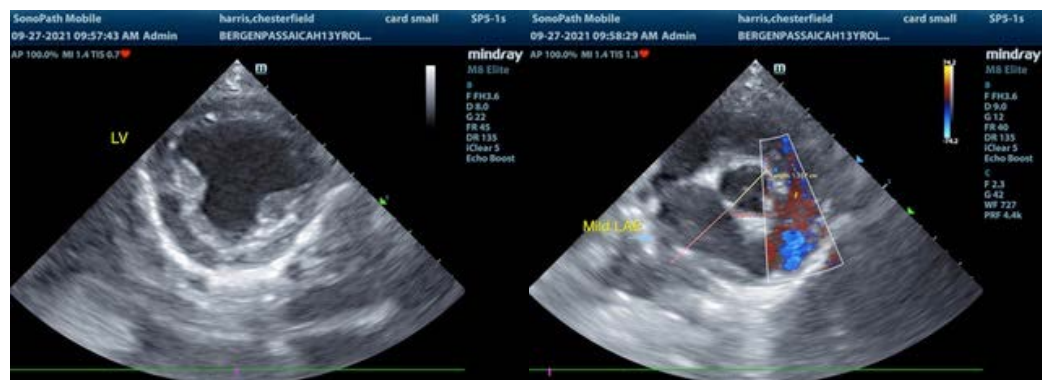
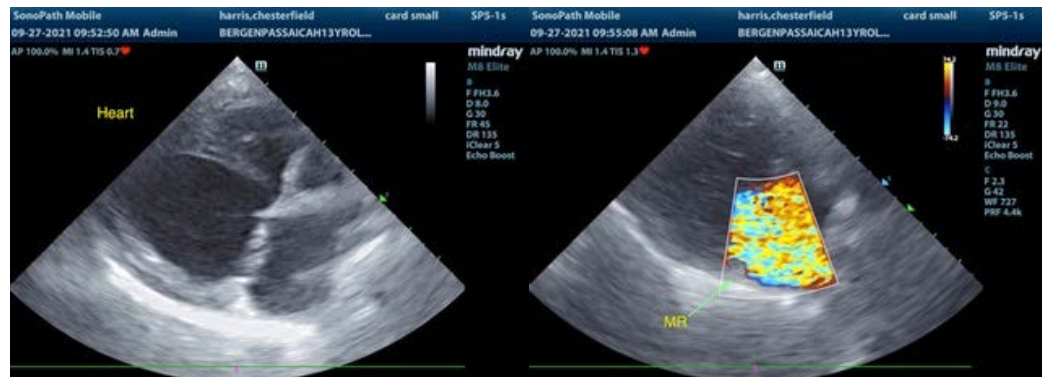
Dr. Ben Spitz

INVOICE

25827

DATE

9/27/21



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