
PATIENT PRESENTING CLINICAL SIGNS

Oscar Griffin Oscar presented on 9/3/22 for a senior exam. A grade 5/6 heart murmur was identified at that time. No arrhythmia was heard. The owner was interested in pursuing potential dental surgery pending evaluation of the heart.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: no BW done as of 9/7/22 Heart Rate and Respiratory Rates 140/30 Blood Pressure Measurements N/A Current Medications Apoquel and Cephalexin for dermatitis; Should be on gabapentin 200 mg prior to the echo.

BREED

Border Collie

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

	CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
SEX								
MN								
AGE	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
8yr	PATIENT	5.5	<2.0		1.9	48.4	80.1	0.22
WEIGHT	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)
NA								
INTERPRETED BY	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	PATIENT	150	1.5	0.9		5.6	4.3	

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Eugene Animal Hospital

REFERRING VET

Dr. Sundholm

INVOICE

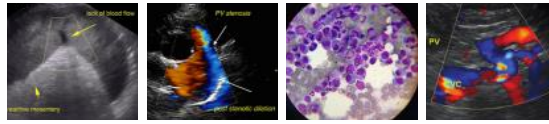
11566ag

DATE

09/08/2022

Cardiac Presentation

The echocardiogram in this patient demonstrated moderate increased left atrial size based on 2 different LA measurement methods. Mild deviation of the interatrial septum towards the right atrium suggestive of increased left atrial pressure was present. The cranial and caudal mitral valve leaflets presented mild vegetative thickening consistent with mild endocardiosis. Doppler indicated measurable moderate eccentric insufficiency. The left ventricle presented thicknesses with linear contour and increased left ventricle 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 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.



PATIENT **ULTRASONOGRAPHIC FINDINGS**

Oscar Griffin

- Chronic mitral valve disease (ACVIM B2)
- Mild TR- estimated pulmonary pressure gradient not consistent with clinical pulmonary hypertension

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Border Collie

The cause of the murmur is secondary to mild chronic degenerative valvular changes and secondary eccentric mitral valve insufficiency. The risk of complication is moderately elevated yet prognosis at this stage is highly variable. Pimobendan 0.3 mg/kg PO BID is recommended. Baseline monitoring of resting respiration rate is suggested although reported respiratory rate is not overtly suggestive of impinging congestion.

SEX

MN

AGE

8yr

If evidence of mild increased resting respiration rate is noted, a weak diuretic such as spironolactone 1-2 mg/kg PO BID could be considered. Once on Pimobendan for 3-5 days, anesthetic risk is considered mild yet this patient may be at elevated risk for fluid overload. If anesthesia is elected the following protocol is suggested with judicious IVF use. Serial sonographic monitoring is required for further prognosis. Recheck echocardiogram suggested in 6 months, sooner if clinical signs arise.

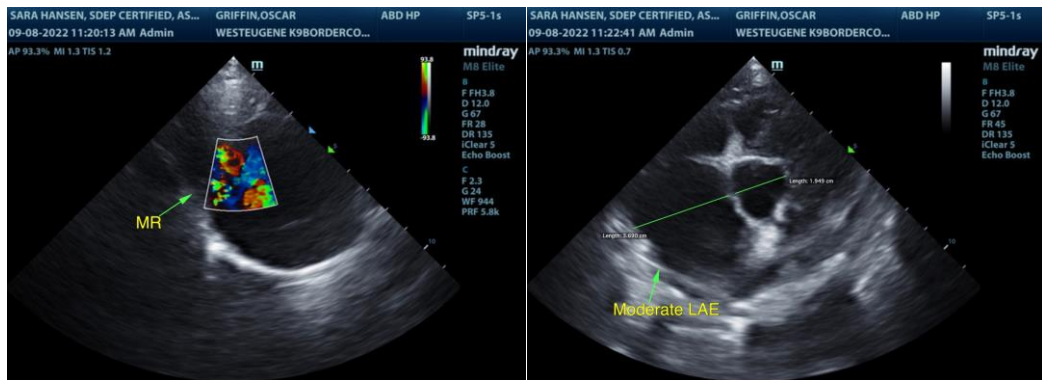
WEIGHT

NA

Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.

INTERPRETED BY

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



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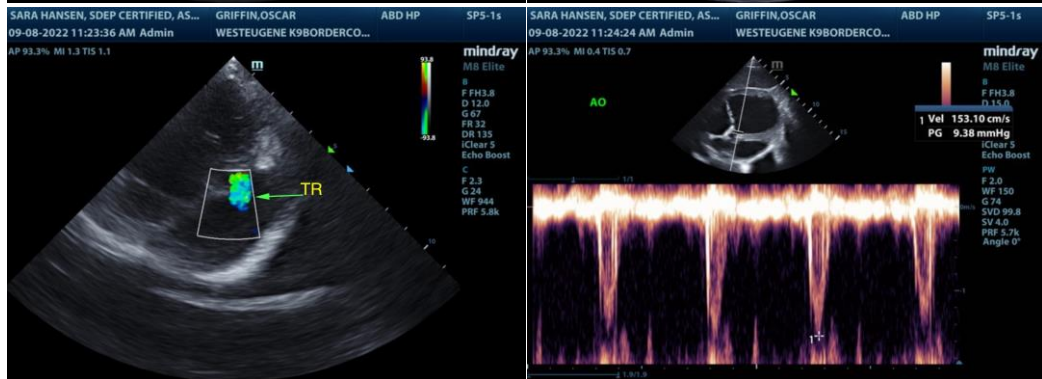
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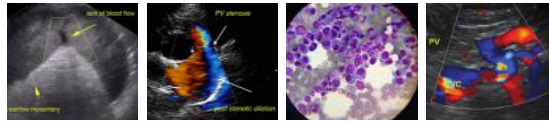
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Oscar Griffin

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)

SPECIES

Canine

info@SonoPath.com

BREED

Border Collie

SEX

MN

AGE

8yr

WEIGHT

NA

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