


**PATIENT**

Dexter Taylor

**PRESENTING CLINICAL SIGNS**

5/6 murmur, cardiomegaly. On benazapril, pimobendan, lasix (from previous clinic).

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: BUN 40, retics 23

**BREED**

 Cavalier King Charles  
Spaniel

**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)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT	5.8	3.3		1.54	42.2	74.1	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	97	1.6	0.7		3.5	3.5	

MN

AGE

13yr

**WEIGHT**

22.6lb

**Cardiac Presentation**
**INTERPRETED BY**

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

The echocardiogram for this patient presented excessive left atrial size expressed both in the LA/AO and LA max measurements. Subtle deviation of the interatrial septum towards the right atrium suggestive of mild increased LA pressure was present. No evidence of valvular prolapse. The cranial and caudal mitral valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable eccentric insufficiency. The left ventricle presented thicknesses with linear contour and subtle 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. Normal LVOT velocity was present. 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 TR present 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). Trace PI was present on Doppler. 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.

**IMAGING PERFORMED BY**

Daine McFadden

**HOSPITAL NAME**

 Legacy Animal  
Hospital

**REFERRING VET**

Dr. Potenzzone

**INVOICE**

11593ag

**ULTRASONOGRAPHIC FINDINGS**
**Primary**

- Chronic mitral valve disease (ACVIM B2)
- TR- estimated pulmonary pressure gradient ~ 43mmHg/mild pulmonary hypertension
- Trace pulmonic insufficiency

**DATE**

09/09/2022



**PATIENT**

Dexter Taylor

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cardiac presentation is consistent with compensated chronic mitral valve disease in conjunction with lack or reported clinical signs. Prognosis at this stage is highly variable. Serial sonographic monitoring is required for further prognosis. Mild pulmonary hypertension was present yet given lack of reported clinical signs and no evidence of hepatic congestion, no overt indication for pulmonary hypertension therapy at this stage is warranted. Continued Pimobendan +/- diuretic therapy if elevated resting resp rate or radiographic evidence of emerging edema is reasonable. ACE inhibitor medication only suggested if evidence of hypertension i.e. BP >130. Recheck echocardiogram recommended in 6 months, sooner if clinical signs arise.

**SPECIES**

Canine

**BREED**

Cavalier King Charles Spaniel

**SEX**

MN

**AGE**

13yr

**WEIGHT**

22.6lb

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DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Legacy Animal Hospital

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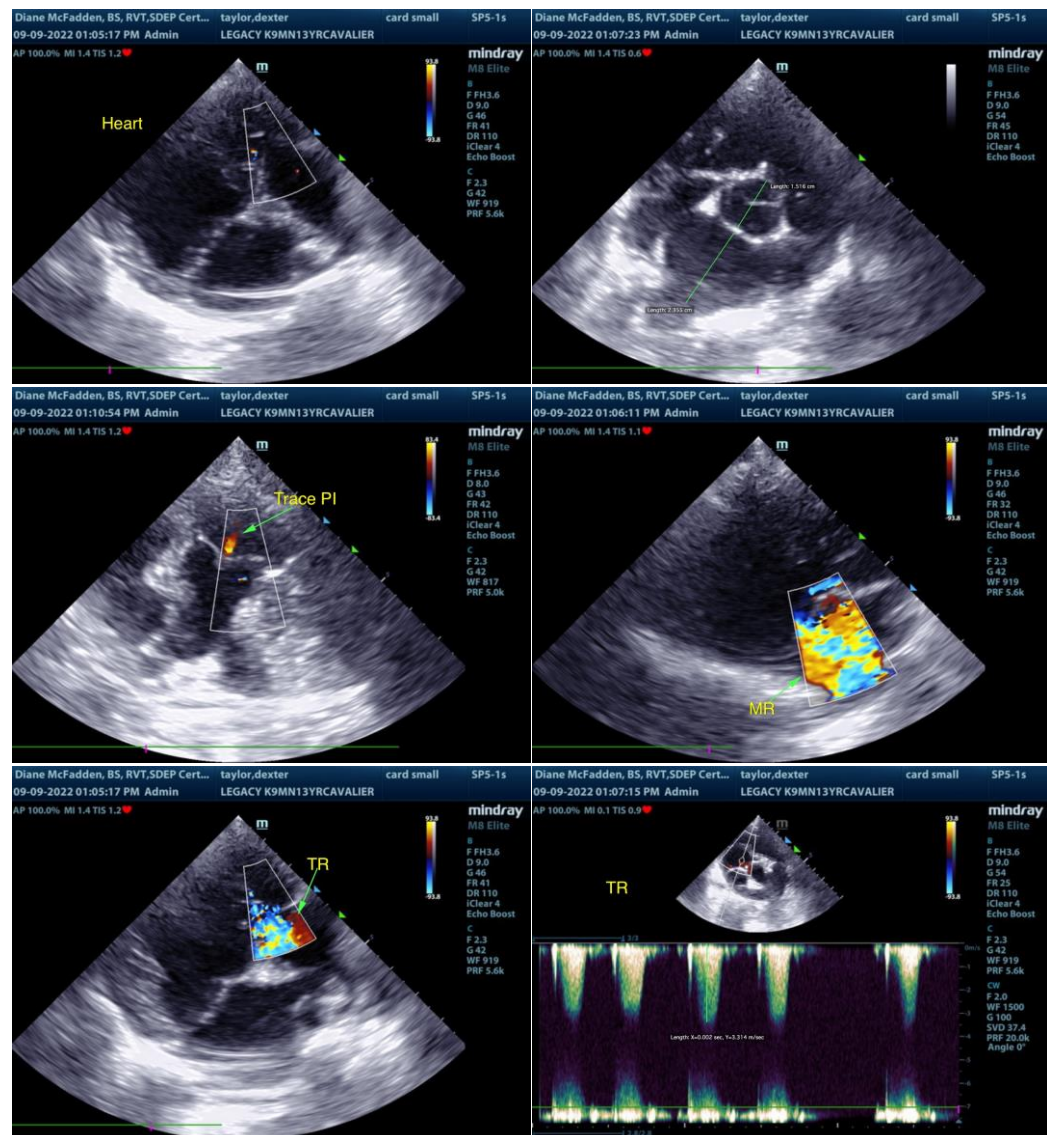
Dr. Potenzone

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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**

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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)

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Canine

info@SonoPath.com

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