#### Cardiologic examination report

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| --- | --- |
|  | **Date: {{ date }}**  **---**  **Mr./Ms. {{ owner }}**  **« {{ petName }} »**  {{ breed }}  {{ sex }}, {{weight }} kg  Age: {{age}} |

**Dr. Theodoros SINANIS**

DVM, MSc, MRCVS

*Master of Science in Veterinary Internal Medicine,*

*Specially trained in Veterinary Cardiology at the*

*Cardiology Unit of Alfort, Paris- France*

*(École Nationale Vétérinaire d'Alfort)*

*European Society of Veterinary Cardiology member*

** Medical history – clinical examination**

**History :**

* Referring physician:**{% if referVet %} {{referVet}}{% else %} -{% endif %}.**
* Cardiologic examination in account of previous murmur auscultation, during routine clinical examination. {% if historic %}{% for moment in historic %}
* {{ moment }}{% endfor %}
* {% endif %}Radiographic examination: {{radiologicalChestAnalysis}}
* Cardiac medication so far:{% if medication %}{% for med in medication %} **{{med.medicationEngMenu}}** ({{med.doseNumber}} {{med.unitOfMeasurementMenu}} {{med.doseMenu}}){% if not loop.last %},{% endif %} {% endfor %}{% else %} **None**{% endif %}**.**

**Clinical findings** :

* {% if rythm %}{{rythm}}{% else %}{% endif %}{% if auditoryFindings %}Cardiac auscultation revealed a {{auditoryFindings.systolicEngMenu}}, {{auditoryFindings.degreeEngMenu}}, {{auditoryFindings.auscultationEngMenu}} murmur, with a PMI at the {{auditoryFindings.auditoryEngMenu}}, {{auditoryFindings.heartEngMenu}} at the {{auditoryFindings.valveEngMenu}}. {% else %}
* Cardiac auscultation revealed a holosystolic, 4th degree (4/6) regurgitant murmur, with a PMI at the left apex of the heart, at the mitral valve area. {% endif %}
* {{auditoryLung}}
* {{cough}}
* {{heartRate}}
* {% if mucous %}{% if mucous**==**’ND.’ %}Mucous membranes: {{mucous}} {% else %}{{mucous}}{% endif %}{% endif %}
* {% if dental %}{% if dental **==**’ND.’ %}Dental calculus: {{dental}}{% else %}{{dental}}{% endif %}{% endif %}
* {{bodyWeight}}.
* {{lymph}}

 **Echocardiography exam results**

The examination was performed with cardiac single crystal phased array probes (P 2-9 & P 1-5 mHz).

{% if PDF %}

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| --- | --- | --- | --- |
| **Parameters** |  | **Parameters** |  |
| RVDd | {% if PDF.RVDd %}{{PDF.RVDd}}{% else %}5{% endif %} mm | Ao Vmax | Vmax = {% if PDF.AoVmax %}{{PDF.AoVmax}}{% else %}1.45{% endif %} m/s |
| IVSd | {% if PDF.IVSd %}{{PDF.IVSd}}{% else %}8.5{% endif %} mm | P Vmax | Vmax = {% if PDF.PVmax %}{{PDF.PVmax}}{% else %}0.96{% endif %} m/s |
| LVDd | {% if PDF.LVDd %}{{PDF.LVDd}}{% else %}60.8{% endif %} mm | Ant. mitral leaflet | 4.9 mm |
| PWd | {% if PDF.PWd %}{{PDF.PWd}}{% else %}8.3{% endif %} mm | Post. mitral leaflet | 4.5 mm |
| IVSs | {% if PDF.IVSs %}{{PDF.IVSs}}{% else %}16.3{% endif %} mm | Mitral E/A wave | {% if PDF.MitralE %}{{PDF.MitralE}}{% else %}2.04{% endif %}/{% if PDF.Awave %}{{PDF.Awave}}{% else %}0.74{% endif %} ({% if PDF.MVEA %}{{PDF.MVEA}}{% else %}2.77{% endif %}) |
| LVDs | {% if PDF.LVDs %}{{PDF.LVDs}}{% else %}30.8{% endif %} mm | DT | {% if PDF.DT %}{{PDF.DT}}{% else %}64{% endif %} ms |
| PWs | {% if PDF.PWs %}{{PDF.PWs}}{% else %}16{% endif %} mm | RA/LA | 0.6 |
| FS | {% if PDF.FS %}{{PDF.FS}}{% else %}49{% endif %} % | Mit. reg. Vmax | {% if PDF.MRVmax %}{{PDF.MRVmax}}{% else %}-{% endif %} m/s |
| LA- Ao | {% if PDF.LA %}{{PDF.LA}}{% else %}51{% endif %}-{% if PDF.Ao %}{{PDF.Ao}}{% else %}22.3{% endif %} mm | Tric. reg. Vmax | {% if PDF.TRVmax %}{{PDF.TRVmax}}{% else %}-{% endif %} m/s |
| LA/Ao | {% if PDF.LAAo %}{{PDF.LAAo}}{% else %}2.3{% endif %} | PT/Ao | 1 |

{% else %}

|  |  |  |  |
| --- | --- | --- | --- |
| **Parameters** |  | **Parameters** |  |
| RVDd | 5 mm | Ao Vmax | Vmax = 1.45 m/s |
| IVSd | 8.5 mm | P Vmax | Vmax = 0.96 m/s |
| LVDd | 60.8 mm | Ant. mitral leaflet | 4.9 mm |
| PWd | 8.3 mm | Post. mitral leaflet | 4.5 mm |
| IVSs | 16.3 mm | Mitral E/A wave | 2.04/0.74 (2.77) |
| LVDs | 30.8 mm | DT | 64 ms |
| PWs | 16 mm | RA/LA | 0.6 |
| FS | 49 % | Mit. reg. Vmax | - m/s |
| LA- Ao | 51-22.3 mm | Tric. reg. Vmax | - m/s |
| LA/Ao | 2.3 | PT/Ao | 1 |

{% endif %}

## Interpretation

Περιγραφή: Περιγραφή: ac387 **Right parasternal and transventricular short-axis view (m-mode):**

* Increased end-diastolic & end-systolic LV dimensions.
* The contractility of the LV is WNL.
* Normal right ventricular dimensions.

Περιγραφή: Περιγραφή: ac387 **Left atrium examination presents:**

* The left atrial dimensions are increased at the end-systole (LA/Ao = 2.3 >1.6).
* Significant regurgitant volume through the mitral valve to the left atrium is present on colour flow Doppler examination.

Περιγραφή: ac387 **Right parasternal and transaortic short-axis view:**

* No anatomic lesions were found at the level of the pulmonary annulus.
* Normal pulmonic flow.
* Mild pulmonic regurgitation is present.

Περιγραφή: ac387 **Right parasternal long-axis four & five chamber views:**

* Mitral valve (anterior leaflet) shows severe thickening and prolapse, compatible with degenerative lessions.
* Normal right atrial dimensions.
* Decreased right to left atrial ratio
* No aortic regurgitation is present.
* No interventricular nor interatrial septal defect was found.

Περιγραφή: ac387 **Left parasternal long-axis four & five chamber views:**

* Luminar aortic flow at the level of the aortic annulus.
* Increased E transmitral peak flow velocity.
* Significant tricuspid regurgitation is present on colour-flow Doppler.

Περιγραφή: Περιγραφή: ac387 **Other points:**

* No pericardial nor pleural effusion is present.
* No pulmonary hypertension is present.
* {% if ecg %}{{egc}}{% else %} Sinus rhythm{% endif %} with a few supraventricular premature complexes during the examination. Heart rate: 138-152 bpm.

### Conclusions

* **Degenerative mitral valve disease** of 4th echocardiographic stage (**4/5**); **{{clinicalStage}}** clinical stage (*ACVIM Consensus 2019*{{hypertension}}{% if PG %} (PG: {{PG}} mmHg){% else %}{% endif %}{% if AddOn %} and {{AddOn}}{% else %}{% endif %}.
* Mitral valve disease (endocardiosis) appears frequently in aged, small -medium sized dogs and is characterised by relatively slow development and degeneration of one or both mitral leaflets, with or without valve prolapse.
* DMVD is not a curable disease but clinical stabilisation and clinical signs control is most of the time achieved with specific medication.
* A 2nd echocardiographic examination is recommended after {% if checkUp %}{% for che, months, years in checkUp %}{{che}} months (**{{months}} {{years}}**) {% endfor %}{% else %}6 months(**July 2022**){% endif %}.

{% if medication2 %}

* Cardiac medication: {% for med2 in medication2 %}

1. **{{med2.medication2EngMenu}}** ({{med2.doseNumber}} {{med2.unitOfMeasurementMenu}} {{med2.doseMenu}}) {% endfor %}{% else%}

* Cardiac medication: **not recommended.**

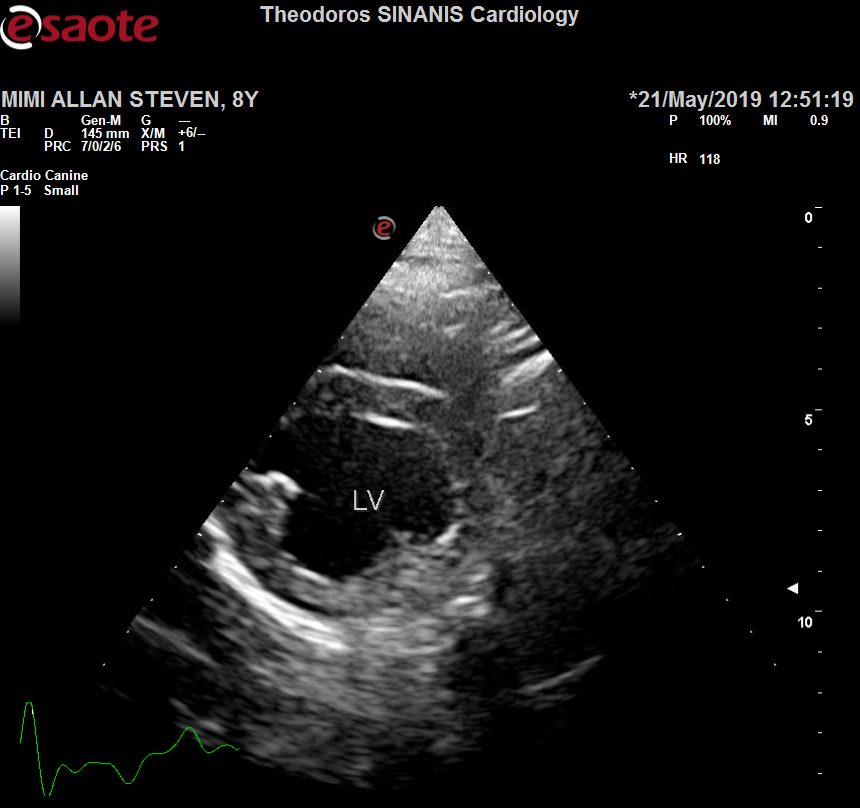
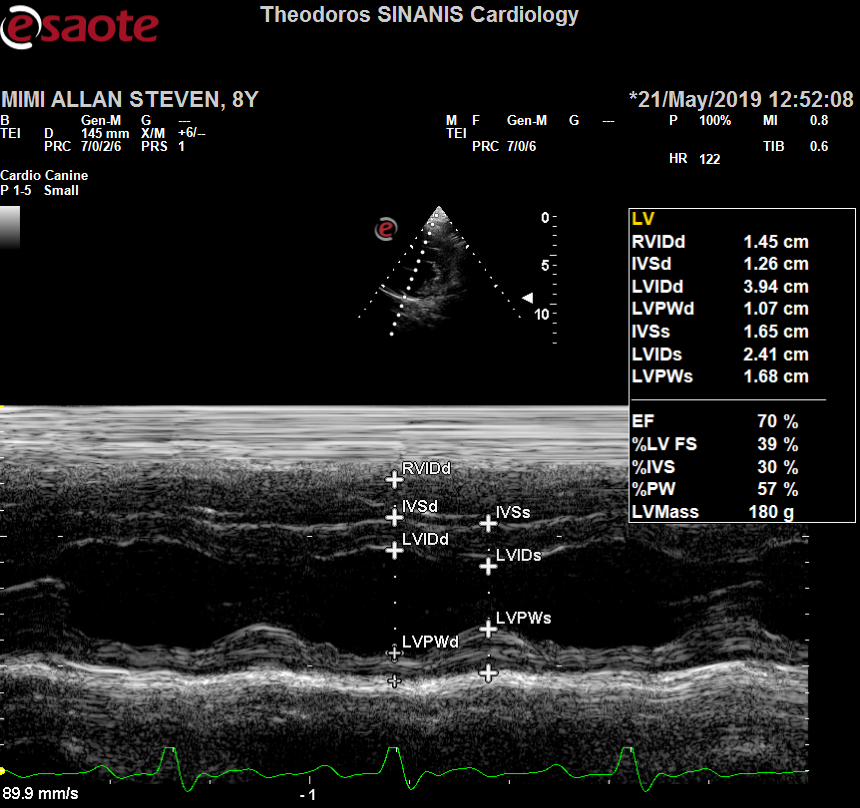
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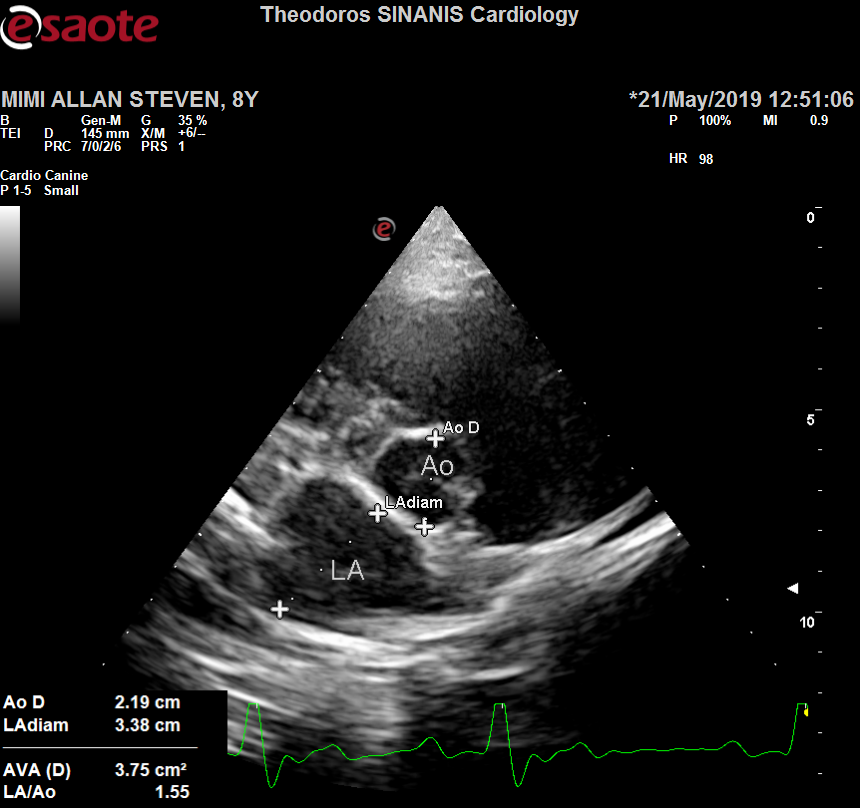
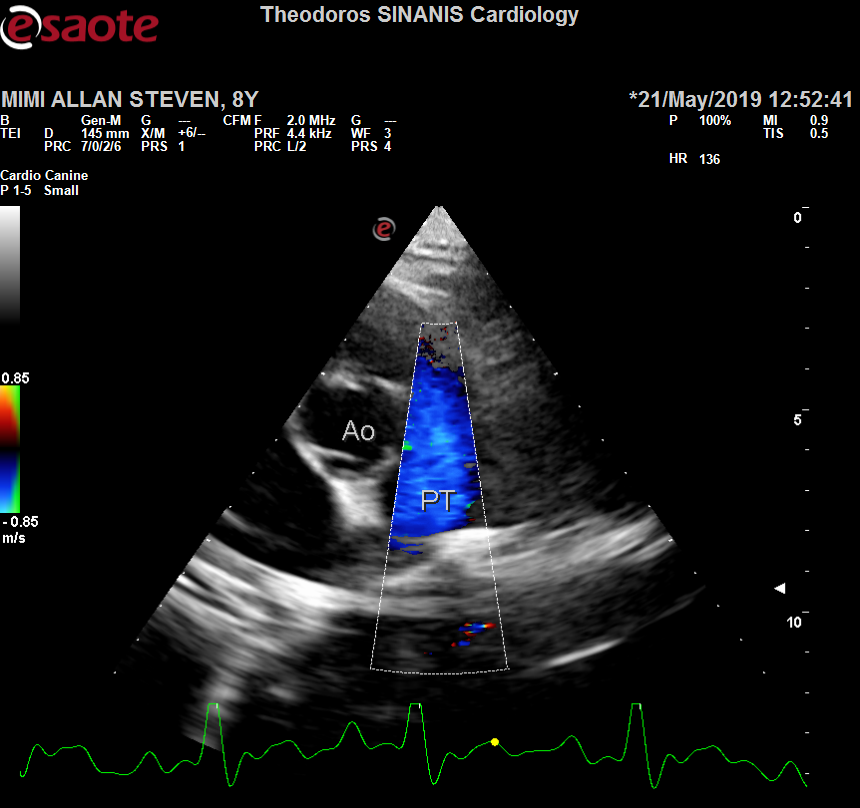
**Yours sincerely:**

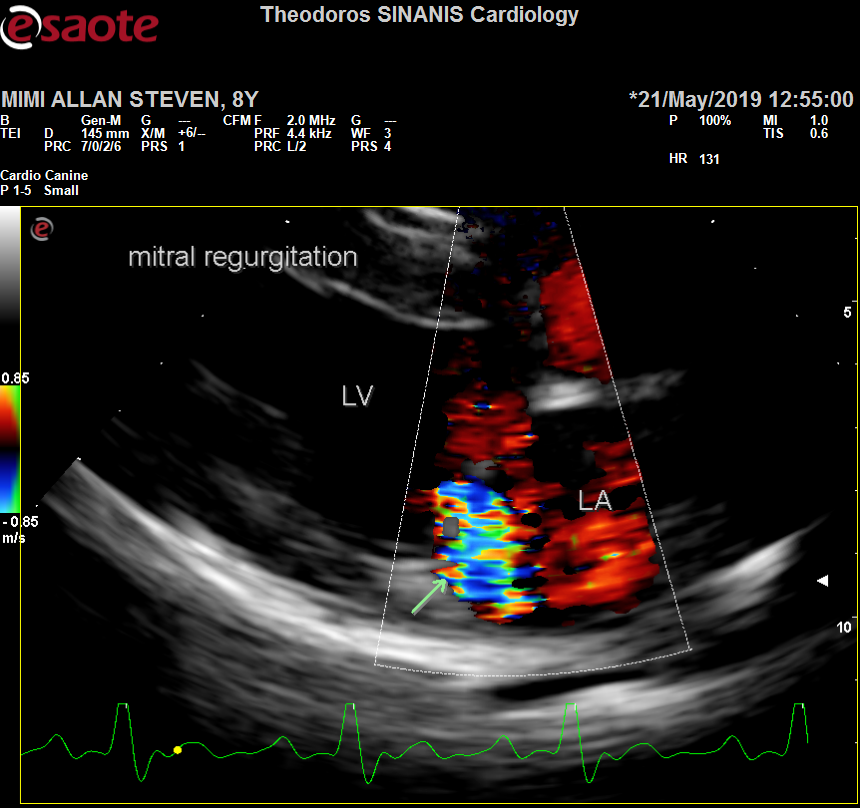
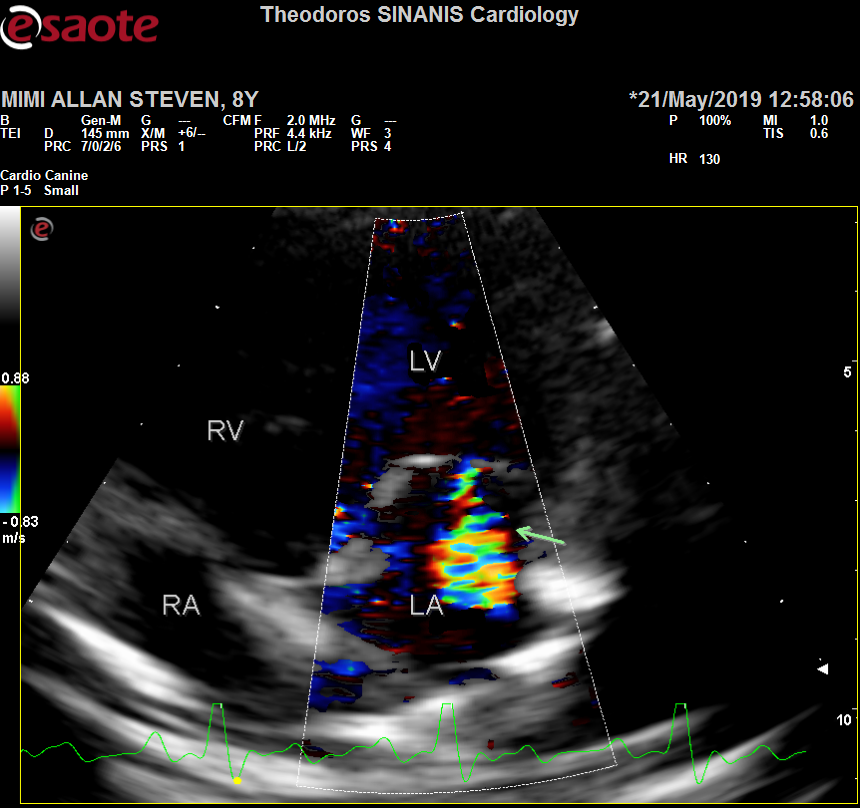
**Dr. Theodoros Sinanis**

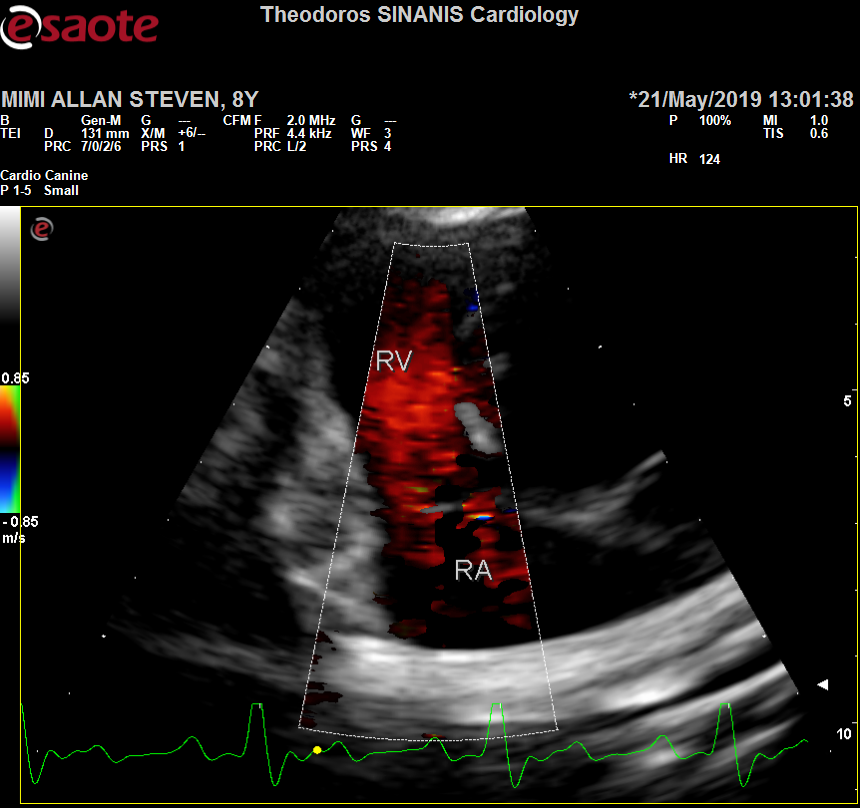
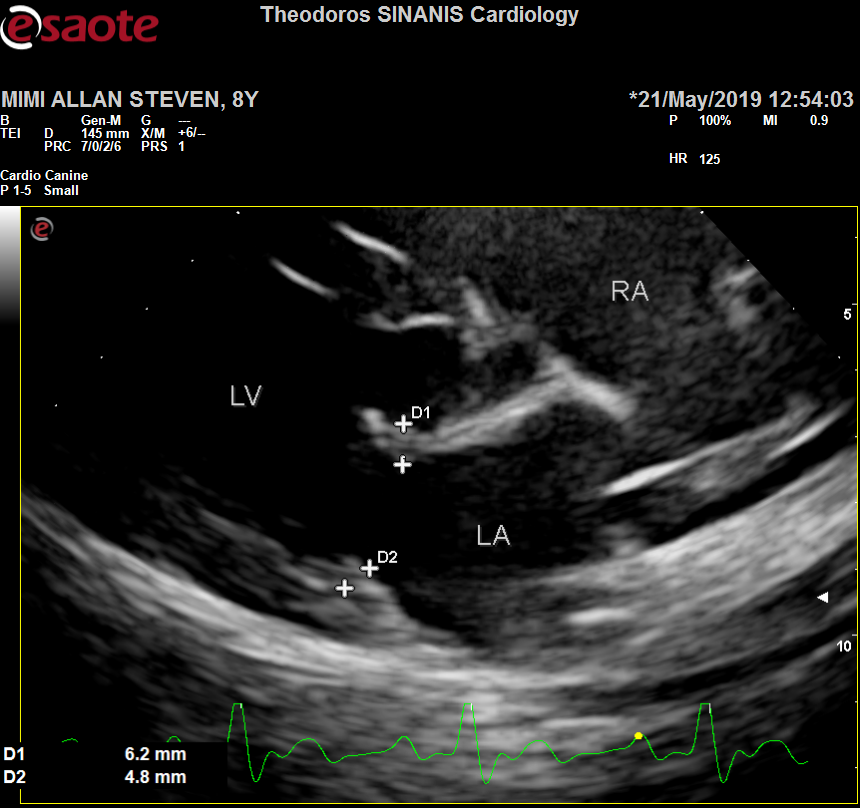
**Δρ. Θεόδωρος Σινάνης**

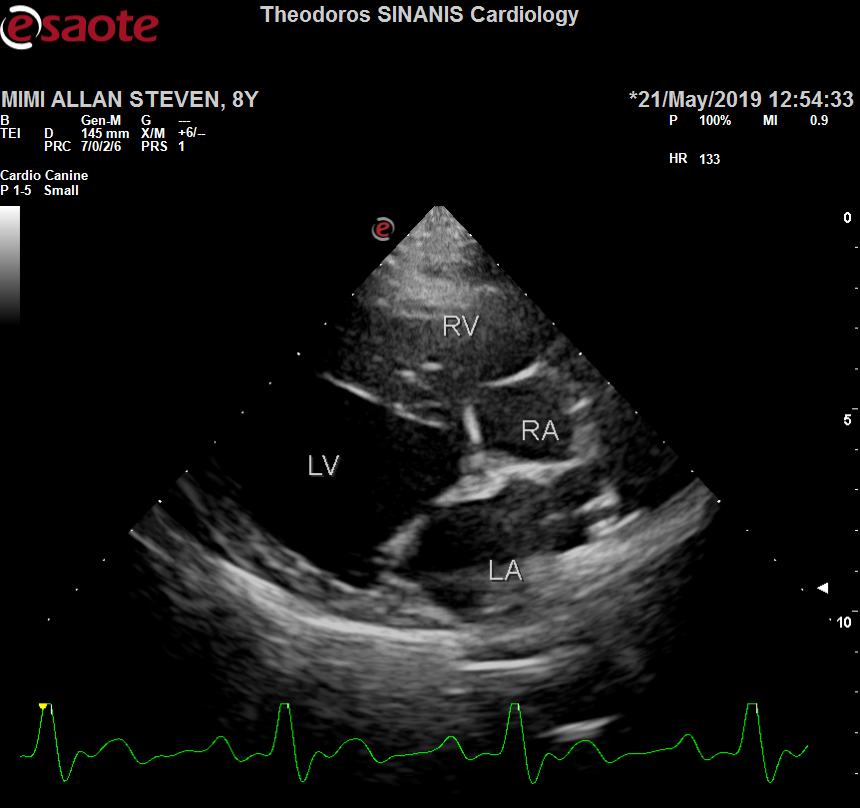
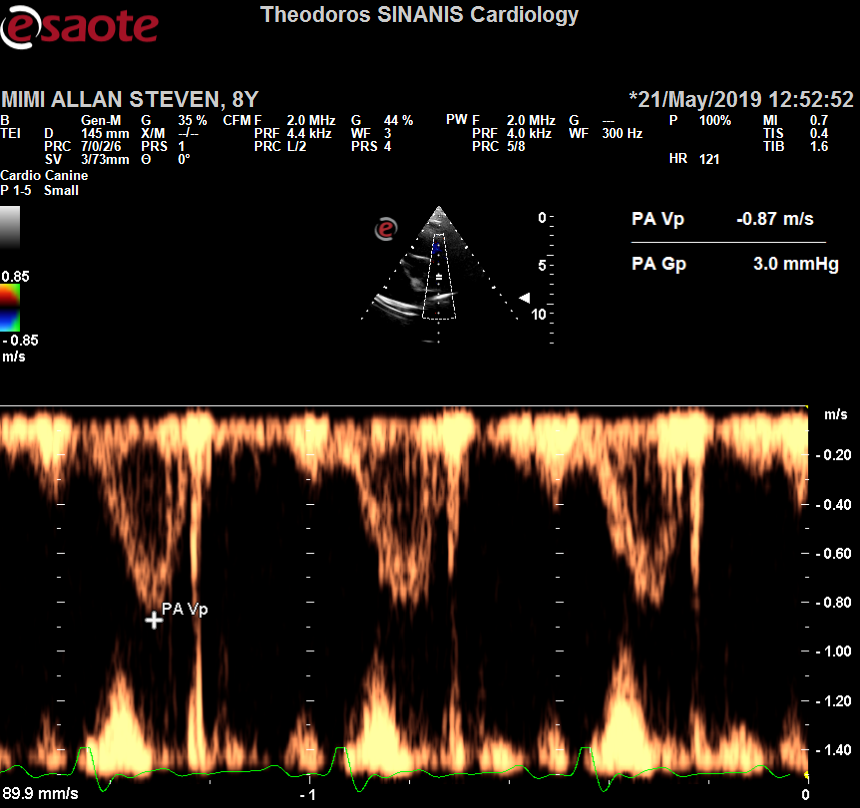
[theodsin@hotmail.com](mailto:theodsin@hotmail.com)

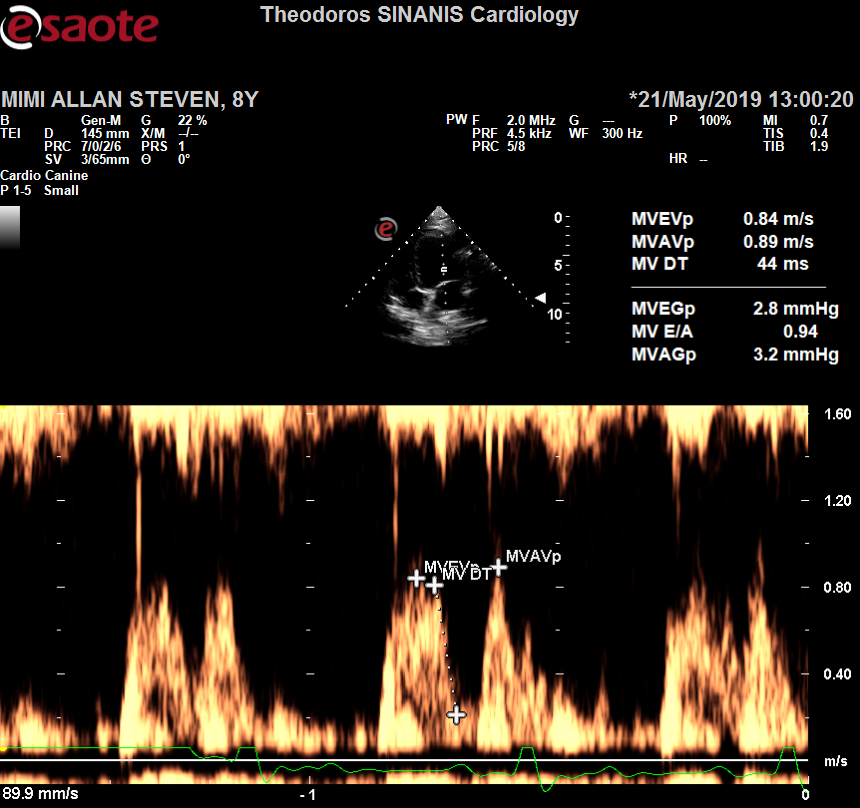
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** **Description: Περιγραφή: Περιγραφή: ac387

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