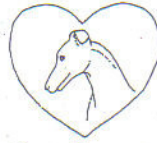


DOG # 152
WT 16.2kg



Cardiac Screening
Whippet Cardiac Health Project
2011 (UW)

Dog's Name: Dallas Owner's Name: Ronning
Sex: FS Age or Date of Birth: 11/5/02

Auscultation: RLS VLF HBK
HR: 120 panting

- Cardiac auscultation is within normal limits.
- Auscultation revealed a heart murmur or murmurs.

Murmur 1: Grade 4 /VI base apex left right
Murmur 2: Grade 2 /VI base apex left right

- Auscultation revealed cardiac abnormalities other than a murmur.

Describe: _____

Echocardiography: RLS VLF HBK

- No significant abnormalities were noted
- Minor abnormalities were noted; significance is unknown
- Significant abnormalities were noted: valvular myocardial

Describe: Severe MR, severe Aortic/PMV prolapse

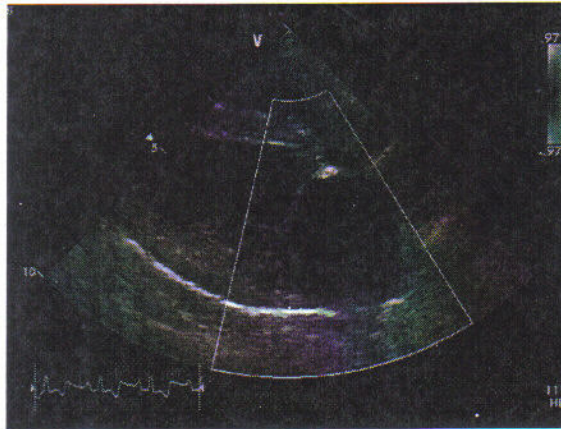
Recommended Follow-up:

- Recheck in one year (at next annual screening event)
- Other (fill in recommendations): _____

Cardiology Report

University of Wisconsin School of Veterinary Medicine
2015 Linden Drive
Madison, WI 53706-1102
Phone: (608) 263-7600 Fax: (608) 265-8276

Name: Ronning, Dallas
Patient ID: 152
Birthdate: 11/05/2002
Sex: Female
Weight: 11.2 kg
Species/Breed: K9 Whippet
Intact: N
Age: 9
Date: 10/31/2011
Echocardiographer: Stepien, Rebecca



Diagnosis Codes:

Canine+Whippet+TR+Myxomatous+MV
Prolapse+MR

Physical Exam and Diagnostic Tests

Referral Reason: Whippet study recheck, 1st exam 2006

Physical Exam Findings:

General: BAR

HR/Rhythm: 120 bpm, regular

Fem Pulse Str/Def: normal pulse strength, no deficits

Card/Resp Ausc: 4/6 systolic L apex, 2/6 systolic R apex

MV Score in 2006: 8

M-Mode Measurements

EPSS	0.2 cm
IVSd	8.01 mm
LVIDd	45.93 mm
LVPWd	6.53 mm
IVSs	10.88 mm
LVIDs	27.20 mm
LVPWs	12.44 mm
EDV(Teich)	97 ml
ESV(Teich)	28 ml
EF(Teich)	72 %
%FS	41 %
SV(Teich)	69 ml

2-D Measurements

Ao Diam	16.74 mm
LA Diam	26.43 mm
LA/Ao	1.58
LA Diam	36.57 mm
Ao Diam	15.09 mm
Ao Diam	2.1 cm
PA Diam	1.8 cm
Ao/PA Ratio	0.841
EF A-L LAX	74 %
AMV prolapse right	0.4 cm
AMV prolapse left	0.5 cm
PMV prolapse right	0.4 cm
PMV prolapse left	0.4 cm
Vena contracta left	0.4 cm

Doppler Measurements

MV E Vel	0.92 m/s
MV DecT	105 ms
MV Dec Slope	9.0 m/s ²
MV A Vel	0.53 m/s
MV E/A Ratio	1.74
E/E'	5.98
E'	0.15 m/s
A'	0.14 m/s
S'	0.14 m/s
AV Vmax	1.52 m/s
AV Vmean	1.01 m/s
AV maxPG	9.42 mmHg
AV meanPG	4.84 mmHg
AV Env.Ti	89 ms
AV VTI	9.0 cm
HR	160 BPM
AV Vmax	1.83 m/s
AV Vmean	1.29 m/s
AV maxPG	14.33 mmHg
AV meanPG	7.52 mmHg
AV Env.Ti	81 ms
AV VTI	10.4 cm
HR	131 BPM
PV Vmax	0.71 m/s
PV Vmean	0.45 m/s
PV maxPG	2.09 mmHg
PV meanPG	0.96 mmHg
PV Env.Ti	117 ms
PV VTI	5.3 cm
HR	132 BPM
TR Vmax	2.51 m/s
TR maxPG	25.18 mmHg

Comments

Additional Findings:

Flail: none

Jet: >1/2 LA

2-D LA:Ao ratio: 2.42

VCW: L: 4 mm R: N/A

Athletic condition: 4 (non-athletic)

Left atrium:

-The left atrium is mildly dilated.

Mitral valve:

-The mitral valve leaflets are myxomatous.

-There is severe prolapse of the anterior mitral valve leaflet.

-There is severe prolapse of the posterior mitral valve leaflet.

-There is severe mitral regurgitation present.

Left ventricle:

-Left ventricular diameter in diastole is mildly enlarged.

-The IVS is of normal thickness.

-LVPW is thinned.

-The left ventricular systolic function is normal.

- The estimated left ventricular ejection fraction is 74%.
- The diastolic filling pattern is normal.

Aortic valve:

- The aortic valve is normal.
- The aortic outflow velocity is within normal limits.

Right atrium:

- The right atrial size is normal.

Tricuspid valve:

- The tricuspid valve appears myxomatous.
- There is a trace amount of tricuspid regurgitation present.
- There is no evidence of pulmonary hypertension based on tricuspid regurgitation velocity.

Right ventricle:

- The right ventricle is normal in size and function.

Pulmonic valve:

- The pulmonic valve is normal.
- The pulmonary outflow velocity is within normal limits.

Pulmonary artery:

- The pulmonic artery is normal.

Heart Disease Classification:

- Class B2: Heart disease is present with evidence of cardiomegaly detected. No heart failure is present.

MV score: 11

Assessment/Recommendations

Assessment: Severe mitral insufficiency secondary to myxomatous valve disease. Severe AMV and PMV prolapse. Mild LA and mild LV dilation with preserved function. Trace TR.

Recommendations: Recheck in one year.

Stepien, Rebecca


Consultant Signature