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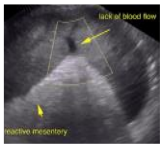
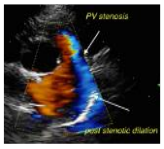
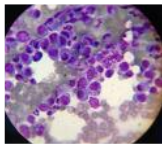
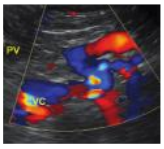

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1-800-838-4268 info@sonopath.com

PATIENT
Peanut Gischel

SPECIES
Canine

BREED
Chihuahua

SEX
Mn

AGE
9 yr 11 mos

WEIGHT
13.6 lbs.

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Warren Animal Hospital

REFERRING VET
Dr. Nicole

INVOICE
15831

DATE
1/13/23

PRESENTING CLINICAL SIGNS

Grade III/VI heart murmur. No current meds.

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			1.46	1.5	38.2	70.3	0.3
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	162	1.1	0.84		3.6	2.8	

Cardiac Presentation

The echocardiogram in this patient demonstrated mildly enlarged **left atrial** size based on 3 different LA measurement methods. Minor deviation of the interatrial septum towards the right atrium, suggestive of minor increased left atrial pressure, was present. The cranial and caudal **mitral** valve leaflets presented moderate thickening consistent with endocardiosis. No evidence of valvular prolapse. Doppler indicated measurable moderate eccentric insufficiency. The **left ventricle** presented normal thicknesses with linear contour with borderline increased LV 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 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.

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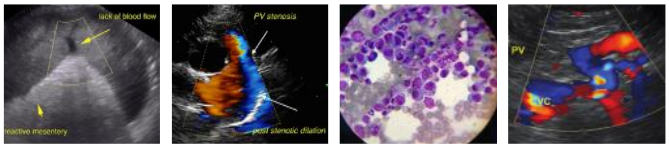

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ULTRASONOGRAPHIC FINDINGS

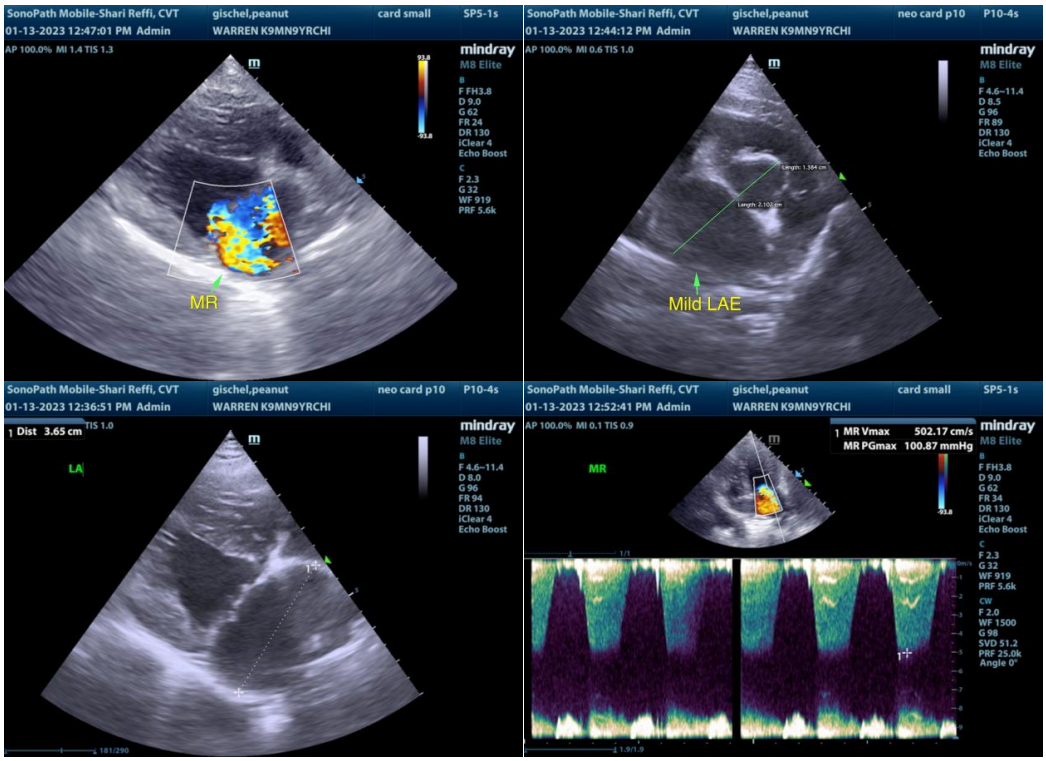
- Chronic mitral valve disease (ACVIM B2)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild LA enlargement indicates that the current and future risk of complication at this stage is mildly elevated. Overall, the heart appears to be compensated without reported clinical signs, i.e., increased resting respiration rate, etc. Given the evidence of LA enlargement, Pimobendan 0.3 mg/kg PO BID is warranted as this medication may help prolong cardiac changes associated with MR.

No other additional clinical issues such as LV systolic dysfunction or evidence of clinical pulmonary hypertension were present. Prognosis Is highly variable and sonographic monitoring is recommended. Recheck echocardiogram is suggested in 6-12 months, sooner if clinical signs arise. No overt anesthetic contraindications. If anesthesia is required, the following anesthetic protocol is recommended.

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.



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.

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.

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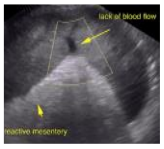

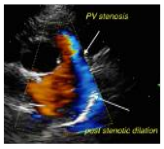

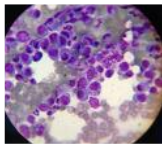
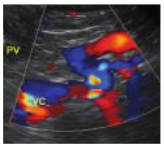

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