

**PATIENT**

Oscar Stewart

**SPECIES**

Canine

**BREED**

Cavalier King Charles

**SEX**

MN

**AGE**

7yr

**WEIGHT**

19lb

**PRESENTING CLINICAL SIGNS**

6 month recheck echocardiogram. Previous echo on 8/3/2022. Early stage chronic mitral valve disease (ACVIM B1-early B2). No heart medications indicated, Pimobendan started on 8/22/2022 advised by RDVM

**ULTRASONOGRAPHIC RECHECK 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                   | 5.5           | 2.5           |                     | 1.6                     | 50                              | 85                                       | 0.15                                     |
| 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                   | 99            | 1.6           | 1.0                 |                         | 4.2                             | 3.4                                      |  |

**Cardiac Presentation**

The echocardiogram for this patient presented mild increased left atrial size expressed both in the LA/AO and LA max measurements. The cranial and caudal mitral valve leaflets presented mild thickening consistent with endocardiosis. Subtle septal leaflet prolapse was visualized. Doppler indicated measurable moderate eccentric insufficiency. The left ventricle presented thicknesses with linear contour and 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 mild thickening with minor 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. No arrhythmia was present.

**ULTRASONOGRAPHIC FINDINGS**

- Chronic mitral valve disease (ACVIM mild B2)
- Mild TR-no evidence of clinical pulmonary hypertension

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

Kim Liedberg

**HOSPITAL NAME**

SVS Imaging WI

**REFERRING VET**

Dr. Karrels

**INVOICE**

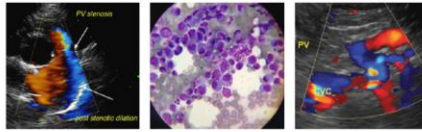
12685ag

**DATE**

01/16/2023

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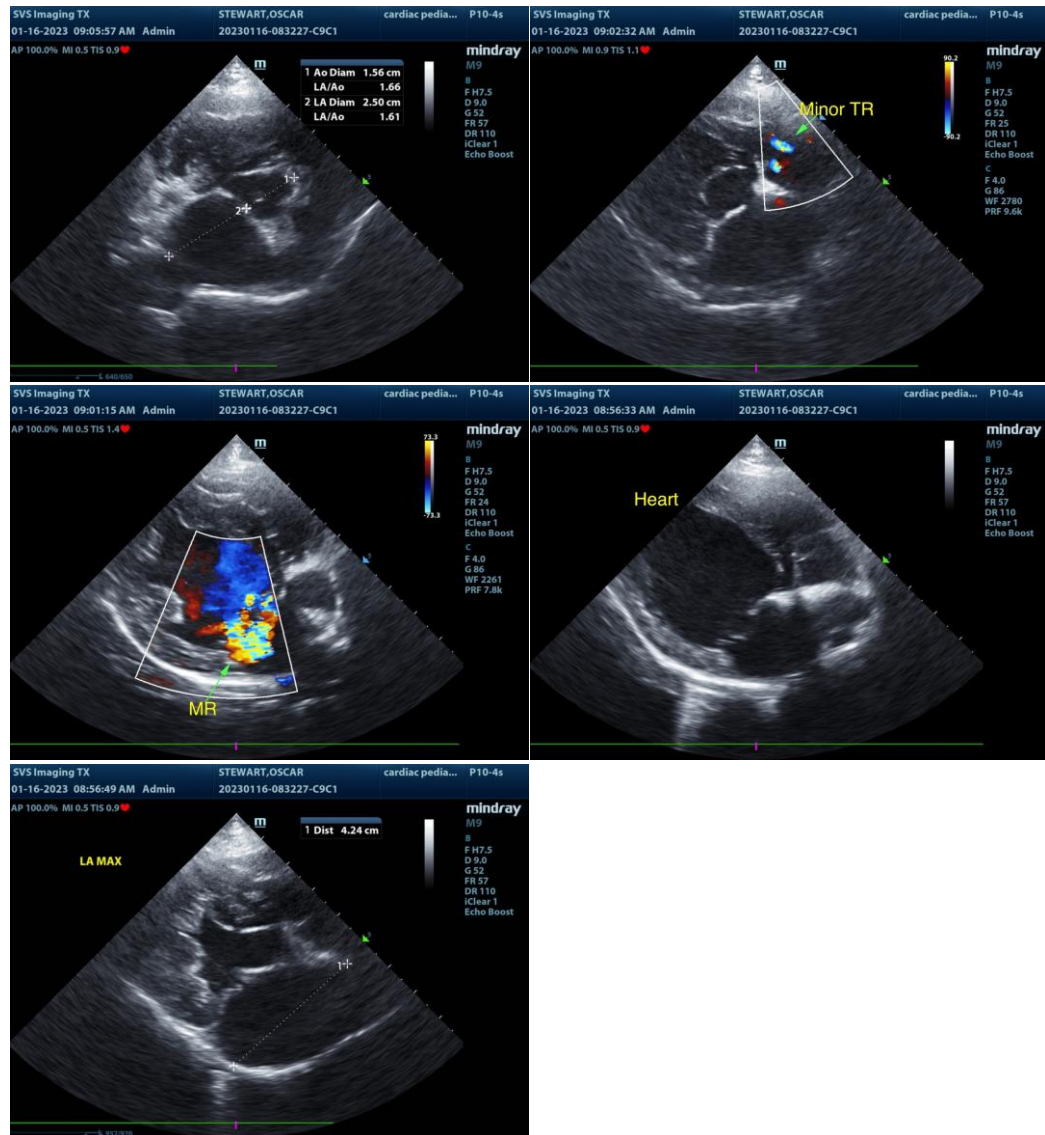
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiogram indicates mild progressive LA changes compared to the previous study. Overall, the heart appears to continue to be compensated. Pimobendan 0.3 mg/kg PO BID recommended at this stage as this medication may help prolong cardiac changes associated with MR. No LV systolic dysfunction or evidence of clinical pulmonary hypertension were present. Prognosis is highly variable and serial sonographic monitoring is required for further prognosis. Recheck echocardiogram recommended in 6-12 months, sooner if clinical signs consistent with cardiac disease arise.



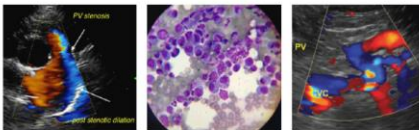
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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