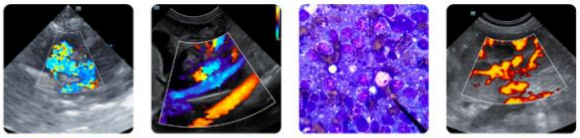

PATIENT

Lilly Rebenack

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

10 Years 4 Months

WEIGHT

33 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Flanders Vet Clinic

REFERRING VET

Dr. Minervini

INVOICE

13286

DATE

01/21/26

PRESENTING CLINICAL SIGNS

- New Heart murmur 3-4/6
- Enlarged heart
- no current meds

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	5.6	2.8	NM	2.0	36	66	0.4
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (lbs)	**LAD** LA MAX 4 Chamber	**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	NM	1.4	0.9	33.0	4.9	4.6	--

Cardiac Presentation

The echocardiogram in this patient demonstrated moderate increased **left atrial** dimension with mild intra-atrial septal deviation based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis. No overt valvular prolapse. Doppler indicated measurable significant eccentric insufficiency. The **left ventricle** presented moderate increased LV dimension. 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 thickening with 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 cardiac / pericardial tumors was visible. No evidence of arrhythmia.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (B2).

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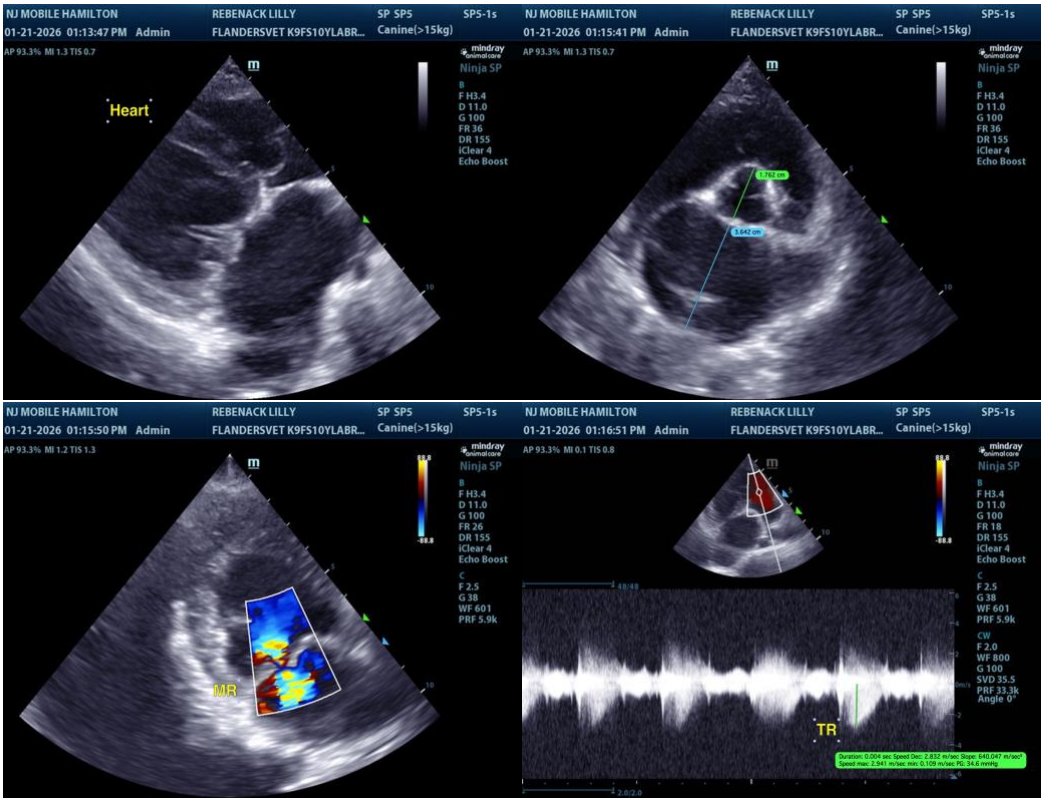
- TV insufficiency- mild increased pulmonary pressure, not consistent with clinical pulmonary hypertension.

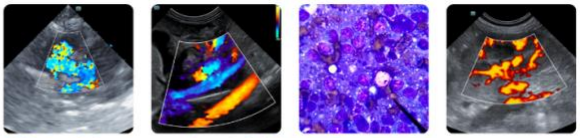
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic valvular changes with primary eccentric MR and mild TR. The moderate left atrial enlargement implies that the risk of complication secondary to mitral valve insufficiency is moderately elevated, yet given no clinical signs, the heart appears stable. No other clinical issues such as DCM criteria, LV systolic dysfunction or clinical pulmonary hypertension. Pimobendan 0.3 mg/kg BID is recommended. No overt indication for additional medication. Prognosis is considered variable and sonographic monitoring is recommended. Concurrent baseline monitoring of resting respiration rate going forward is advised. Recheck echo cardiogram is suggested in 6 months, sooner if clinical signs initiate. Anesthetic risk is moderately elevated yet likely mildly reduced once on Pimobendan or three to five days. If required, the following protocols is suggested with judicious IV fluid administration. 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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