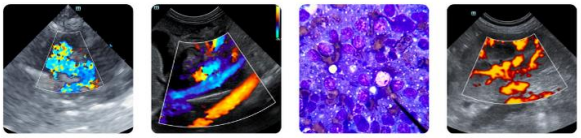

PATIENT
Slaney Mazin

SPECIES
Canine

BREED
Goldendoodle

SEX
FS

AGE
8 yrs, 9 mon

WEIGHT
38 lbs.

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

IMAGING PERFORMED BY
Kerri Becker

HOSPITAL NAME
Wyckoff VH

REFERRING VET
Dr. Eisenberg

INVOICE
10572

DATE
1/22/26

PRESENTING CLINICAL SIGNS

- Recheck echo elev. RR/RE

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	5.0	2.1	-	2.8	38	72	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	178	1.7	0.93	38	5.5	5.5	-

Cardiac Presentation

The echocardiogram in this patient demonstrated severe increased **left atrial** size based with interatrial septal deviation on 2 LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis with mild valve prolapse. There is no evidence of chordae tendineae rupture. Doppler indicated measurable severe eccentric MR (MR velocity 5.0 m/s). The **left ventricle** presented thicknesses with linear contour and significantly 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 mild thickening with mild TR on Doppler (measured TR velocity 2.1 m/s). 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 with mild tachycardia noted. There is no evidence of hepatic congestion.

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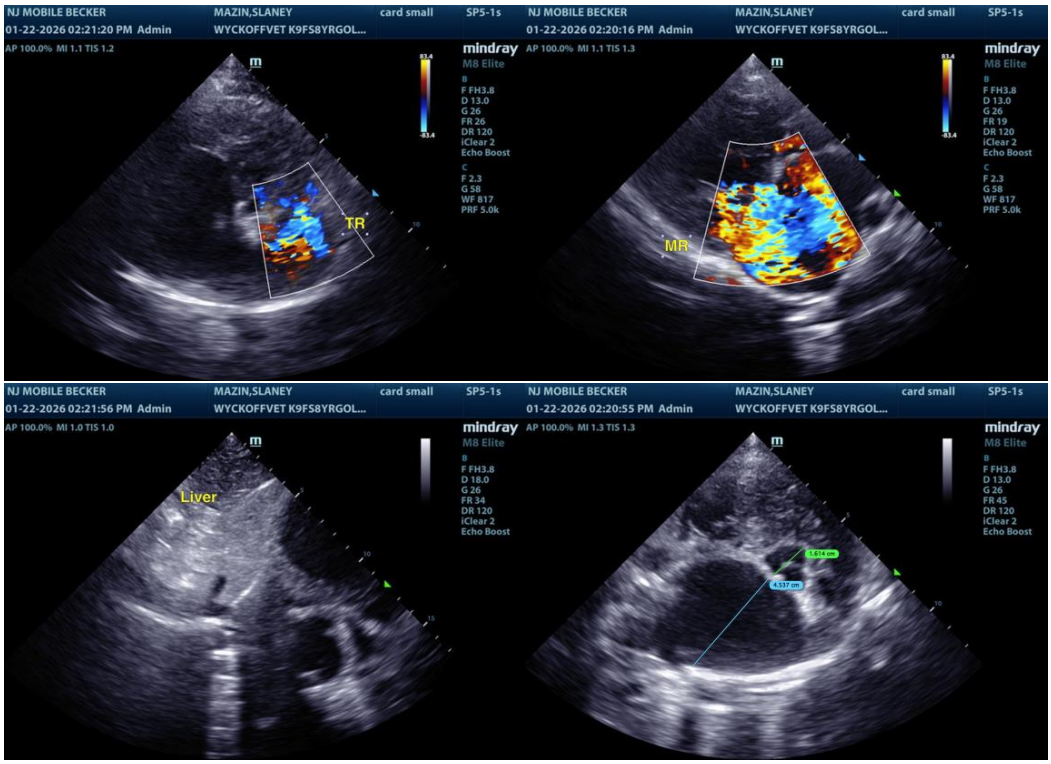
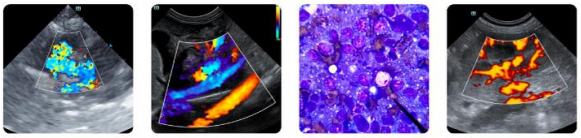
ULTRASONOGRAPHIC FINDINGS

- Progressive chronic mitral valve disease (ACVIM stage C)
- TV insufficiency – subjective static, suggestive of mild increased pulmonary pressure without evidence of significant or clinical pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degree of LA/LV enlargement compared to the previous study appears mildly progressive and consistent with congestive criteria in conjunction with elevated resting respiration rate and effort. Pimobendan 0.3 mg/kg BID, Lasix/Spironolactone combination both 1.0-2.0 mg/kg BID, ACE inhibitor 0.5 mg/kg SID, is recommended if not currently instituted. Omega fatty acid supplementation and mild salt restriction may prove beneficial. Serial monitoring of resting respiration rate going forward is advised. This patient will remain at increased risk for progressive CHF, development of possible arrhythmia, i.e., atrial fibrillation, or progressive pulmonary hypertension. Monitoring of renal parameters, systemic BP, and ECG would be ideal. Elective anesthesia is not advised. Recheck echocardiogram in 4-6 months, sooner if progressive clinical signs are noted.





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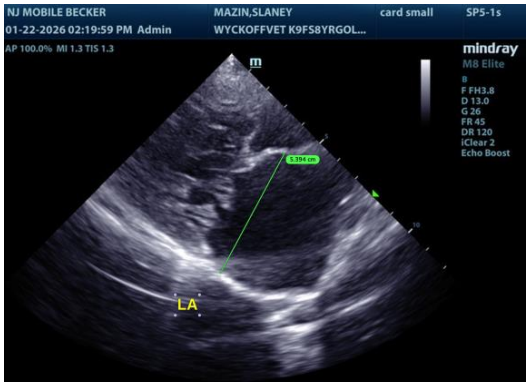

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com