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Clinical Sonography & Telecytology
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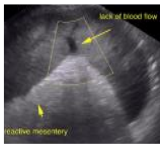
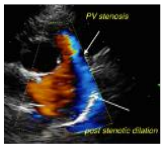
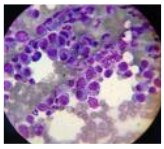
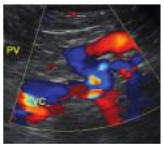

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1-800-838-4268 info@sonopath.com

PATIENT

Abigail Lee Murphy

SPECIES

Canine

BREED

Cocker/Mix

SEX

Spayed Female

AGE

12 Years

WEIGHT

32 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Clingenpeel, AH of Gurnee

INVOICE

13617

DATE

1/24/22

PRESENTING CLINICAL SIGNS

History: Hx of coughing and heavy breathing. Chest radiographs show and possible enlarged heart.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

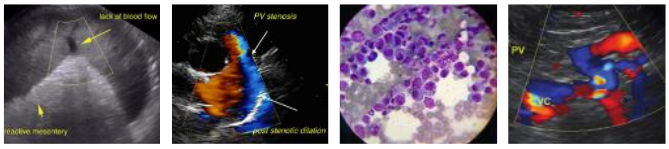
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	4.9	1.93	NM	2.2	56.5	91.1	0.33
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (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	BELOW	BELOW	BELOW	BELOW
PATIENT	184	1.1	1.1	--	5.3	4.0	--

Cardiac Presentation

The echocardiogram for this patient presented moderately to severely excessive **left atrial size** expressed both in the LA/AO and LA max measurements. Deviation of the intraatrial septum toward the right atrium consistent with elevated left atrial pressure was present. The cranial and caudal **mitral** valve leaflets presented mild vegetative thickening consistent with mild endocardiosis and without evidence of valvular prolapse. Doppler indicated eccentric insufficiency.
The **left ventricle** presented thicknesses with linear contour with increased left ventricle 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. The **Tricuspid** valve demonstrated mild thickening with mild insufficiency on color 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.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease with moderate to severe LA enlargement and concurrent increased left ventricle volume (ACVIM B-2 to C)



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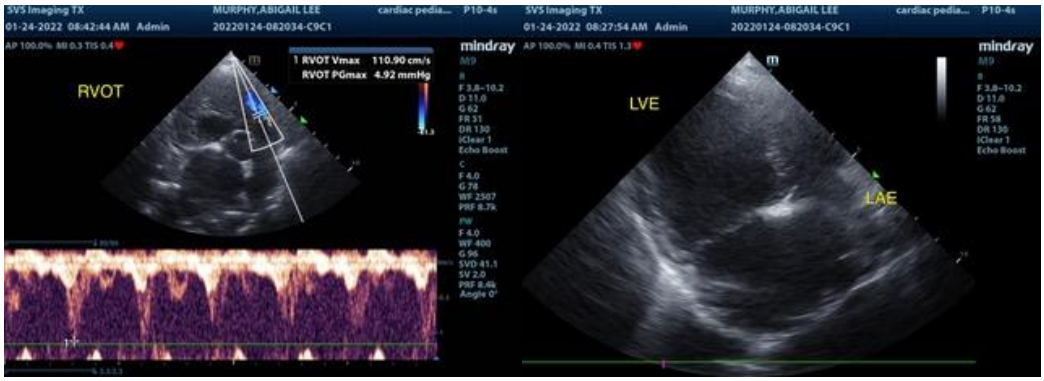
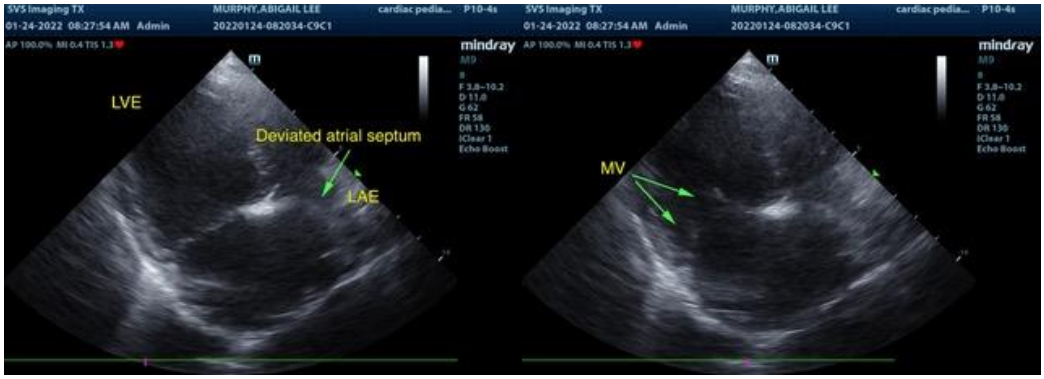
- Mild TR- measured TR velocity (<20 mm of Mercury) not overtly consistent with clinical pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Echocardiogram consistent with chronic degenerative valvular changes and secondary eccentric mitral valve insufficiency. The hemodynamic effects of the mitral valve insufficiency appear to be significant resulting in moderate to severe LA enlargement and concurrent increased left ventricle volume. The degree of LA enlargement and increased left ventricle volume indicate that the current and future risk of complication is elevated. Potential for current clinical signs secondary to cardiogenic pulmonary edema are possible, although some contribution to the cough in this patient may be owing to main stem bronchi or irritation secondary to LA enlargement. Correlation with three-view chest radiographs recommended. Pimobendan at 0.3 mg per kg PO BID, diuretic therapy (i.e., Lasix +/- Spironolactone at 1-2 mg per kg PO BID) warranted. Hydrocodone (at appropriate dose) may also prove beneficial. Omega-3 fatty acids and mild salt restriction may prove beneficial. Baseline monitoring of resting respiration rate at home is recommended. Recheck echocardiogram suggested in 6 months or sooner if current or persistent clinical signs suggestive of heart disease are noted.





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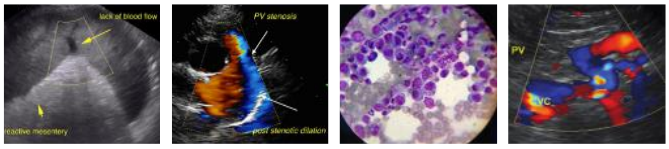

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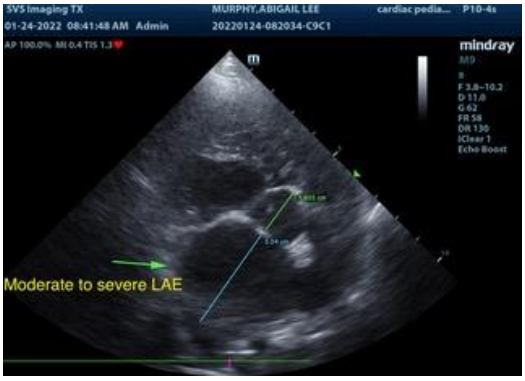

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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