



PATIENT PRESENTING CLINICAL SIGNS

Cleo Cappuccio history of heart murmur, assess today as pre-anesthetic screen for surgery

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Dachshund x Chi

SEX

Spayed Female

AGE

10 Years

WEIGHT

10.4 Pounds

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	5.5	<2.0	1.8	1.88	47	79.6	0.2
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	90	1.95	1.1		3.1	3.3	

Cardiac Presentation

The echocardiogram for this patient presented mildly excessive **left atrial size** expressed both in the LA/AO and LA max measurements. Subtle deviation of the intraatrial septum towards the right atrium noted, suggestive of mild increased left atrial pressure. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis with mild prolapse of the septal leaflet. Doppler indicated measurable eccentric insufficiency. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. 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.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM early B2) with mild septal leaflet prolapse

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is consistent with chronic degenerative valvular changes with mild septal leaflet prolapse and secondary eccentric mitral valve insufficiency. No other clinical issues such as systolic dysfunction or evidence of clinical pulmonary hypertension were noted. The mild left atrial

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Loving Care VH

REFERRING VET

Dr. Steele

INVOICE

34022

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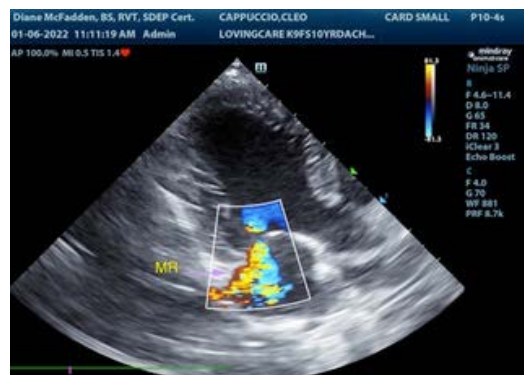
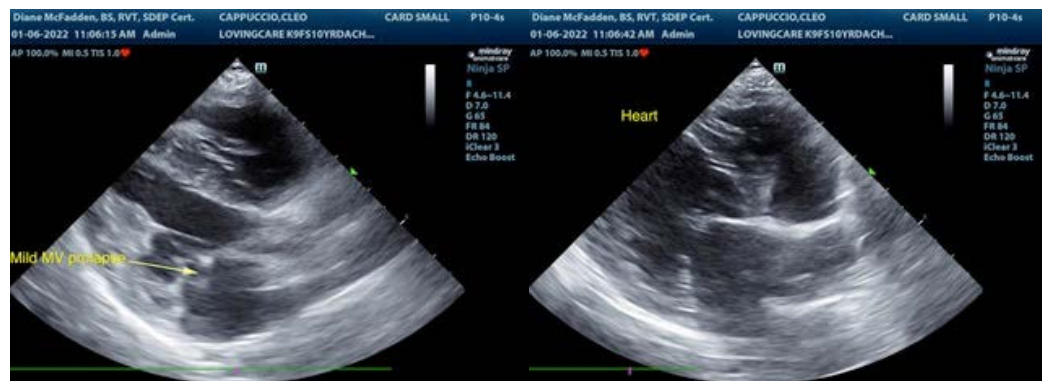
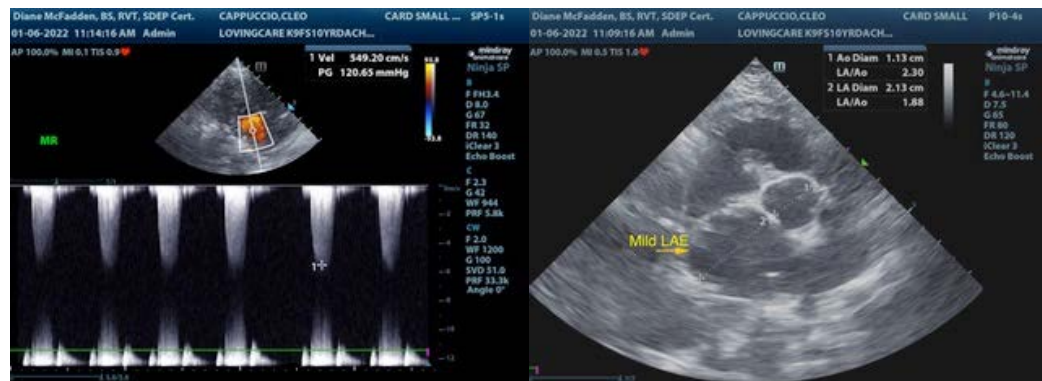
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enlargement indicates that the risk going forward is mildly elevated, yet overall the heart appears to be compensated. However, prognosis is highly variable at this stage. In a non-clinical patient without evidence of significant chamber enlargement, cardiac medications are not specifically indicated. However, Pimobendan 0.3 mg/kg PO BID could be considered at this time given the mild LA enlargement, as this medication may help prolong cardiac changes associated with mitral valve insufficiency.

No overt anesthetic contraindications, although this patient may be prone to fluid overload. Judicious IV fluid use under anesthesia is advised. 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. Recheck echocardiogram suggested in 6 months, sooner if clinical signs consistent with heart disease develop.





PATIENT

Cleo Cappuccio

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.

SPECIES

Canine

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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