



PATIENT

Toro Batista

PRESENTING CLINICAL SIGNS

Assess grade 3/6 heart murmur, severe dental disease.

SPECIES

Canine

BREED

Chihuahua

SEX

MN

AGE

12yr

WEIGHT

7lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal Paradise
Hospital

REFERRING VET

Dr. ElShafie

INVOICE

12062ag

DATE

10/31/2022

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	<1.3	28-40	40-100	<0.6
PATIENT	5.1	2.0		1.4	45.8	75	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	101	1.2	0.95		2.9	2.4	

Cardiac Presentation

The echocardiogram for this patient presented minor increased left atrium size with minor horizontal component expressed both in the LA/AO and LA max measurements. Subtle deviation of the interatrial septum towards the right atrium suggestive of mild increased left atrial pressure was noted. The cranial and caudal mitral valve leaflets presented mild to moderate thickening consistent with mild to moderate endocardiosis. Doppler indicated measurable moderate 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. Normal LVOT velocity was present. 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. 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). Normal RVOT velocity with trace pulmonic insufficiency was present on Doppler. 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)
- TR-no evidence of clinical pulmonary hypertension
- Trace pulmonic insufficiency



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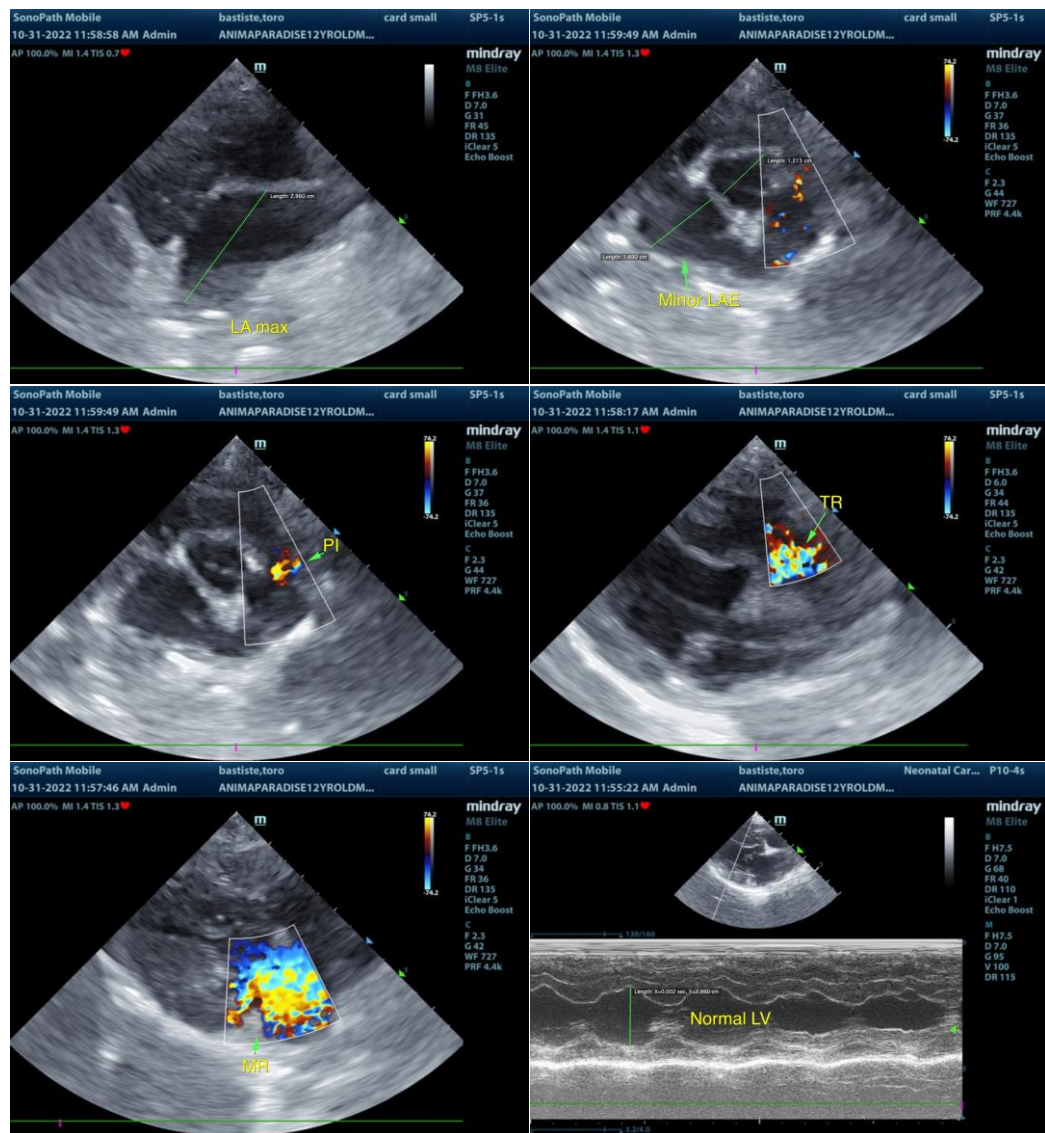
10/31/2022

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

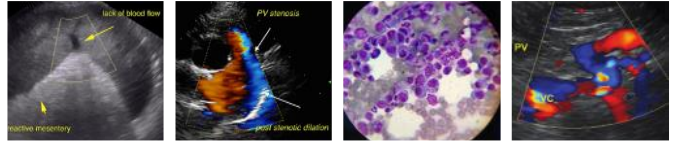
The minor LA enlargement indicated that the overall heart is compensated yet prognosis at this stage is highly variable with minor increased risk of complication. No other clinical issues such as LV systolic dysfunction, clinical pulmonary hypertension or LV enlargement were present. In a non-clinical patient, cardiac medications are not overt indicated yet given this presentation Pimobendan 0.3 mg/kg PO BID is warranted as this medication may help prolong changes associated with mitral valve insufficiency. Anesthetic risk is considered mild once on Pimobendan for 3-5 days.

Serial sonographic monitoring of the murmur is recommended. Recheck echocardiogram recommended in 6-12 months, sooner if murmur intensity increases or clinical signs suggestive of heart disease arise.

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.



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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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