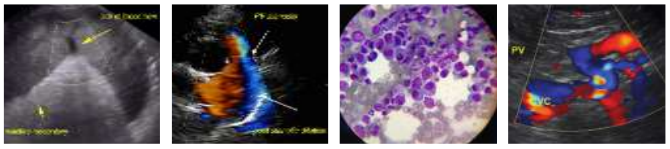
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Winnie Kozielski
Emp Pet

SPECIES
Canine

BREED
Cavalier King Charles

SEX
Spayed Female

AGE
14 years

WEIGHT
17 lbs.

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

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Ramapo Valley AH

REFERRING VET
Dr. Katara

INVOICE
12352

DATE
10/4/21

PRESENTING CLINICAL SIGNS

-History of showing some mild head bobbing/neuro signs vs. other? Follow up echo - may need med adjustment. Current meds: Benazapril 2.5 am, 1/4 tab pm of 5mgs, Vetmedin 2.5 am, 2.5 pm, Lasix 10mgs am, 5 mgs noon, 10 mgs pm.
Abnormal PE/Chem/CBC/UA Results: 8/4/21: ALP 452, HCT 35, PLT 566, USG: 1.020.

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			1.87	2.0	42.9	77.3	0.23

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	101	1.0	1.5		4.4	3.78	

Cardiac Presentation

The echocardiogram in this patient demonstrated moderately enlarged **left atrial** size based on 3 different LA measurement methods. Mild deviation of the Intra-atrial septum towards the right atrium, indicative of increased left atrial pressures, is present. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis most prominent in the septal leaflet with mild septal leaflet prolapse. Doppler indicated measurable 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. **Tricuspid** valvular assessment demonstrated adequate linear morphology. Doppler revealed tricuspid valve insufficiency. 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. No evidence of arrhythmogenic disease.

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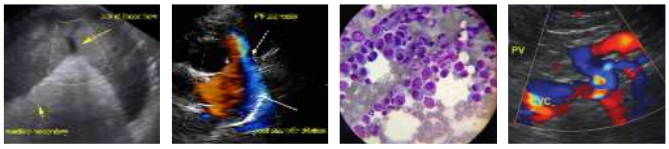

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ULTRASONOGRAPHIC FINDINGS

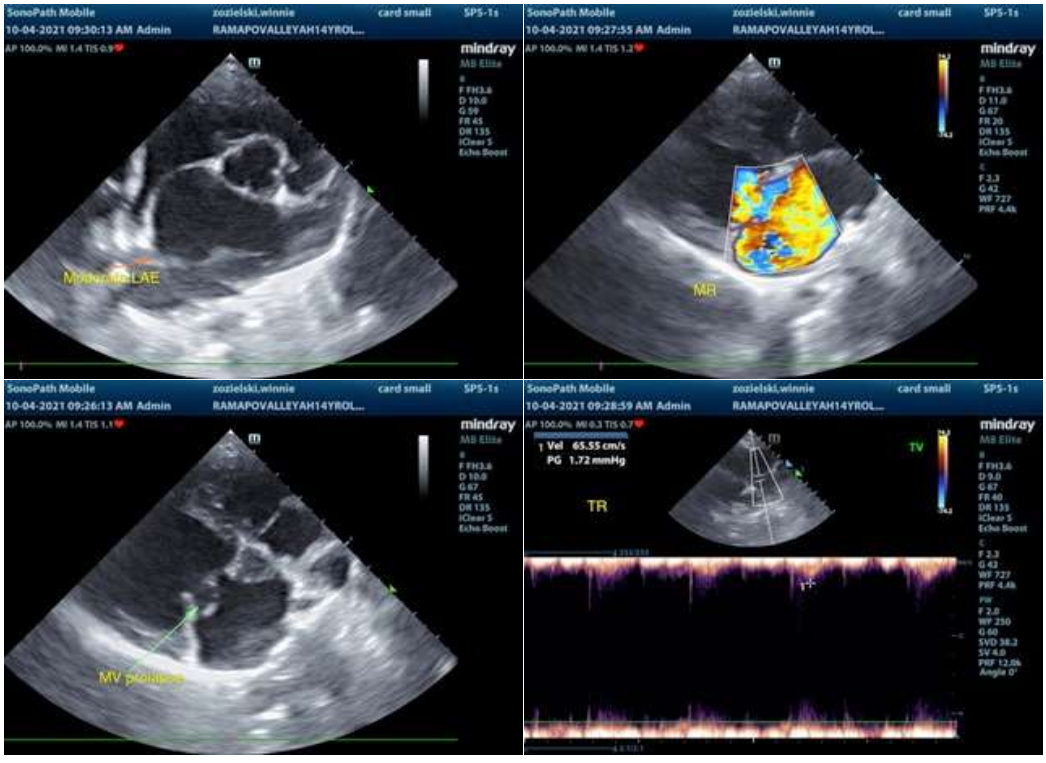
Primary Findings

- Chronic mitral valve disease (B2-C), with mild mitral valve prolapse
- Tricuspid valve insufficiency - estimated pulmonary pressure gradient (<20), not consistent with clinical pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

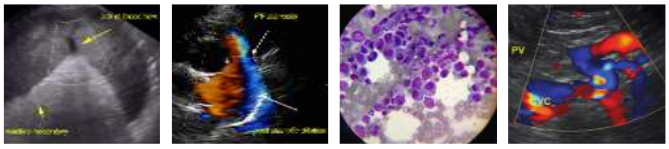
This study indicated mild progression of increased left ventricle volume and left atrial enlargement compared to the previous study. Contractility was within normal limits as evidenced by the fractional shortening measurement. No indication for alterations in current medical therapy unless evidence of congestion i.e., pulmonary edema on radiographs or increased resting respiration rate have been noted.

Blood pressure assessment is advised. Potential discontinuation of ACE inhibitor therapy may be considered if systemic blood pressure <130. Recheck echocardiogram is suggested in 4-6 months, sooner if evidence of congestion or cardiac signs are noted. Neurological examination may be considered.



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



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can be of any further assistance please contact me.

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