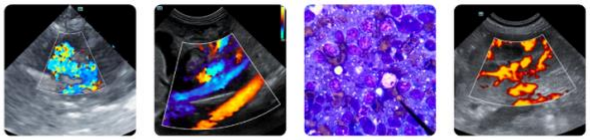



**PATIENT**

Twinkles Del Piano

**SPECIES**

Canine

**BREED**

Chi Mix

**SEX**

Neutered Male

**AGE**

6

**WEIGHT**

10

**INTERPRETED BY**

R. McKenzie Daniel, DVM, DABVP

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal Hospital

**REFERRING VET**

Dr. Maniar

**INVOICE**

12173

**DATE**

11/10/25

## PRESENTING CLINICAL SIGNS

5/6 HM Hx of endocarditis - resolved Had a prev echo 7/16

## 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 | 5.8 | ~5.0 | NM | 1.4 | 37 | 70 | 0.2 |
| **CANINE CARDIAC PARAMETERS** | **HR** (BPM) | **AV VMAX** (m/s) | **PV MAX** (m/s) | **BODY WEIGHT** (kg) | **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 | 145 | 2.2 | 0.63 | -- | 2.3 | 2.2 | -- |

### *Cardiac Presentation*

The echocardiogram in this patient demonstrated normal **left atrial** size based on 2 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented thickened in appearance with mild septal leaflet prolapse. Doppler indicated 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 mild dynamic outflow pattern on doppler with subjective nonthickened aortic valve and overall normal structure and integrity. Mild increased measured LV outflow velocity with concurrent aortic insufficiency on doppler. 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). Normal measured RVOT velocity. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of cardiac / pericardial tumors was visible. No evidence of arrhythmia or hepatic congestion.

## ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (B1).
- Mild increased measured LV outflow velocity and concurrent aortic insufficiency.

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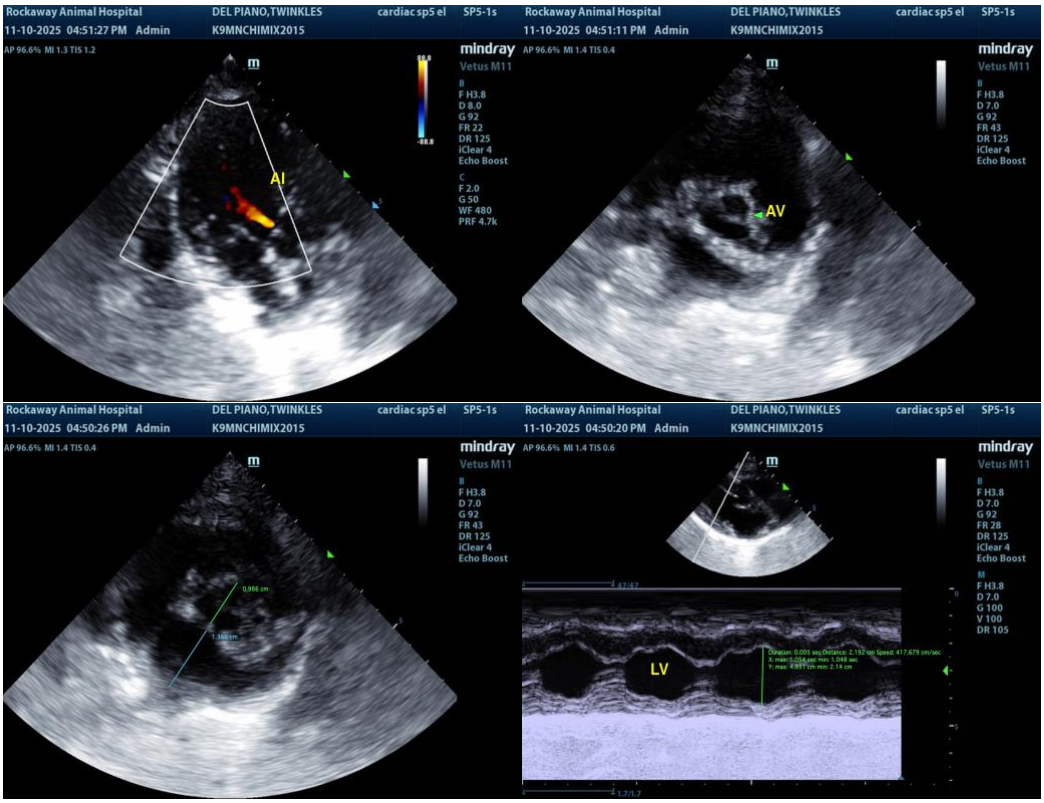
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The continued lack of LA enlargement or left heart volume overload indicates the current and future risk of complication, secondary to MR, remains low. Potential for persistent low-grade endocarditis considered less likely unless patient is clinically ill or febrile. If non-reported illness or fever, screening blood culture may be considered. Assuming patient is nonclinical, and without evidence of chamber enlargement, no indication for cardiac medications. Prognosis remains variable with serial sonographic monitoring indicated. Recheck echo suggested in 6 months or sooner if clinical signs arise or if patient is clinically ill/febrile. Current anesthetic risk is considered mild. If required, the following protocol is recommended. 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. Monitoring of systemic BP for evidence of hypertension given aortic insufficiency is recommended.



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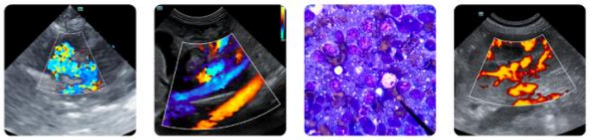

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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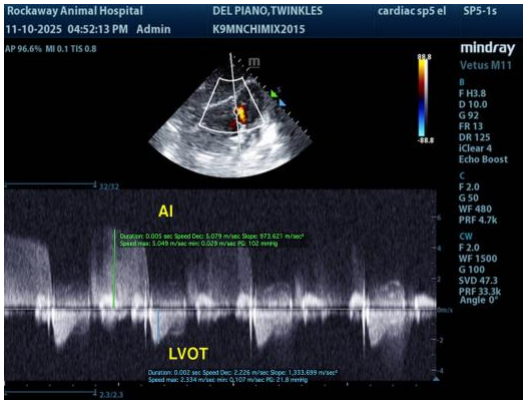


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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