



PATIENT

Molly Miello

SPECIES

Canine

BREED

Hound Mix

SEX

FS

AGE

8 yrs

WEIGHT

41 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Shohola

REFERRING VET

Dr. Gramazio

INVOICE

15484

DATE

11/16/22

PRESENTING CLINICAL SIGNS

Grade IV/VI murmur today, a little louder from prev. exam. Last echo 4/2022 (attached). P is doing well.

Current meds: Pimobendan 10mg 1/2 tab po bid.

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 | 5.6 | 3.1 | | 1.75 | 36.6 | 66.5 | 0.39 |
| 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 | 116 | 1.6 | 0.9 | | 4.7 | 4.6 | |

Cardiac Presentation

The echocardiogram in this patient demonstrated moderately enlarged **left atrial** size based on 3 different LA measurement methods. Deviation of the interatrial septum towards the right atrium, consistent with increased left atrial pressure, was present. The cranial and caudal **mitral** valve leaflets presented mild thickening consistent with endocardiosis. No evidence of valvular prolapse was noted. Doppler indicated measurable eccentric to centralized insufficiency. The **left ventricle** presented normal 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 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). 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.



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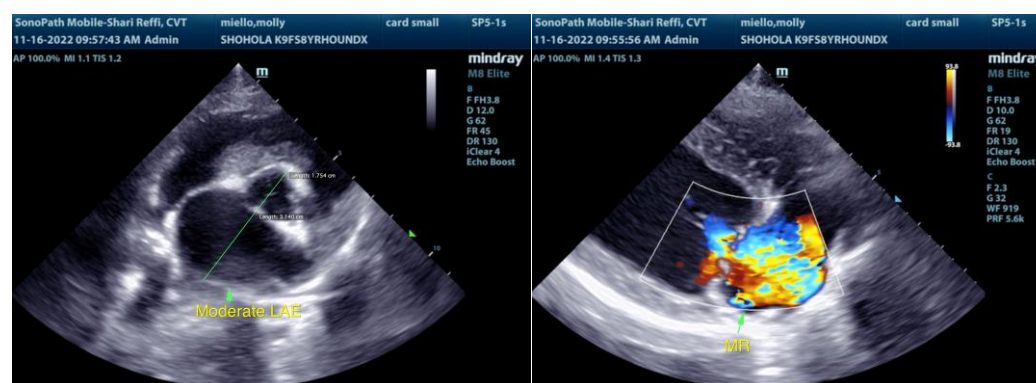
ULTRASONOGRAPHIC FINDINGS

- Static mitral valve insufficiency (ACVIM B2)
- Moderate LA / LV enlargement
- Normal LV function
- Mild TR - estimated pulmonary pressure gradient (~39 mm Hg) consistent with mild increased pulmonary pressure yet no overt clinical pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Essentially static cardiac presentation compared to the previous study, most consistent with chronic mitral valve disease with secondary eccentric to centralized insufficiency. LV function appeared to be adequate without additional clinical issues such as progressive LV systolic dysfunction. No evidence of DCM criteria.

Continue Pimobendan 0.3 mg/kg PO BID +/- weak or lowest effective dose of diuretic if clinical signs suggestive of left-sided congestion, i.e., increased resting respiration rate and/or pulmonary edema, is recommended. Prognosis remains highly variable yet guarded going forward. Recheck echocardiogram is recommended in 6 months, sooner if clinical signs arise.





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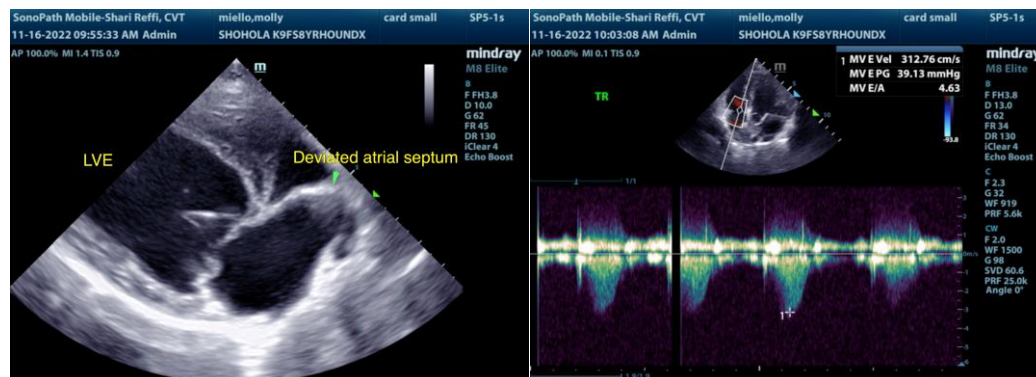
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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