



PATIENT

Ronnie Howard

SPECIES

Canine

BREED

King Charles Cavalier
Spaniel

SEX

FS

AGE

8 yo

WEIGHT

15.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meredith Swart

HOSPITAL NAME

Swart Veterinary
Imaging

REFERRING VET

Dr. Meredith Swart

INVOICE

15368

DATE

11/3/22

PRESENTING CLINICAL SIGNS

6 month recheck echo. Patient not having any clinical signs. Patient still taking her pimobendan. Abnormal PE/Chem/CBC/UA Results: none reported

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				1.9	50	85	0.25
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	NM	1.1	0.8		3.7	3.5	

Cardiac Presentation

The echocardiogram in this patient demonstrated mild to moderate enlarged **left atrial** size based on 3 different LA measurement methods. Mild deviation of the interatrial septum towards the right atrium, suggestive of increased left atrial pressure, was present. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated moderate eccentric insufficiency. The **left ventricle** presented normal thicknesses with maintained 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 static TR measuring 3.3 m/s. 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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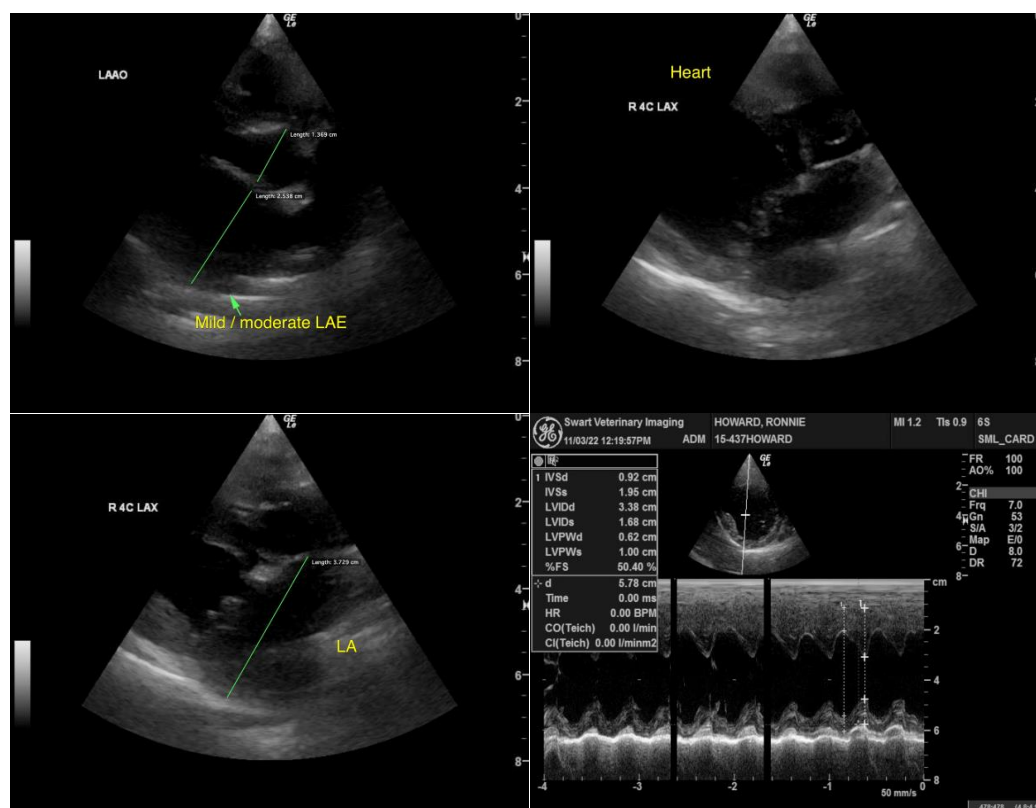
11/3/22

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B2)
- TR - estimated pulmonary pressure gradient consistent with static mild pulmonary hypertension (compensated)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiogram reveals evidence of mild progressive LA/LV enlargement compared to previous measurements. Given that the patient is not exhibiting clinical signs, the overall heart appears to indicate continued compensation. However, prognosis remains highly variable, and serial sonographic monitoring is advised. Continued Pimobendan 0.3 mg/kg PO BID, is recommended. No overt indication for the addition of diuretic therapy at this stage, given the lack of clinical signs. However, baseline monitoring of resting respiration rate is suggested. Recheck echocardiogram is recommended in 6 months, sooner if clinical signs consistent with left-sided congestion or clinical pulmonary hypertension arise.





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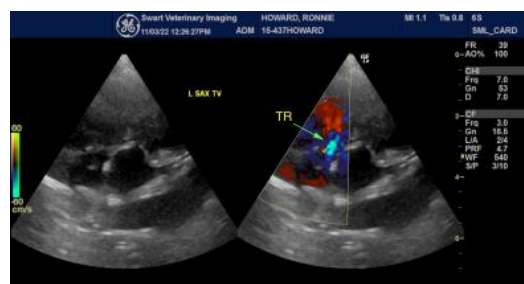
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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