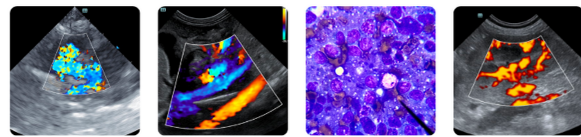

PATIENT

Izzy Kiss

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

12 years 10 months

WEIGHT

17.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Becca Hamilton

HOSPITAL NAME

Advanced Veterinary Care

REFERRING VET

Dr. Gad

INVOICE

12769

DATE

11/5/25

PRESENTING CLINICAL SIGNS

History: Echocardiogram, murmur 4/6 congested was Lasix, Pimobendan but not compliant, Lasix, Vetmedin

Abnormal PE/Chem/CBC/UA Results: Pending

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	--	--	--	1.9	53	85	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	NM	1.6	1.0	--	3.7	2.95	--

Cardiac Presentation

The echocardiogram in this patient demonstrated mild intra atrial septal deviation size based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis and mild valve prolapse. Doppler indicated measurable severe eccentric insufficiency with elevated MR velocity measuring 6.1 m/s. The **left ventricle** presented normal thicknesses with increased LV dimension. 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. 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 cardiac / pericardial tumors was visible.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease with valve prolapse (ACVIM B2-C)

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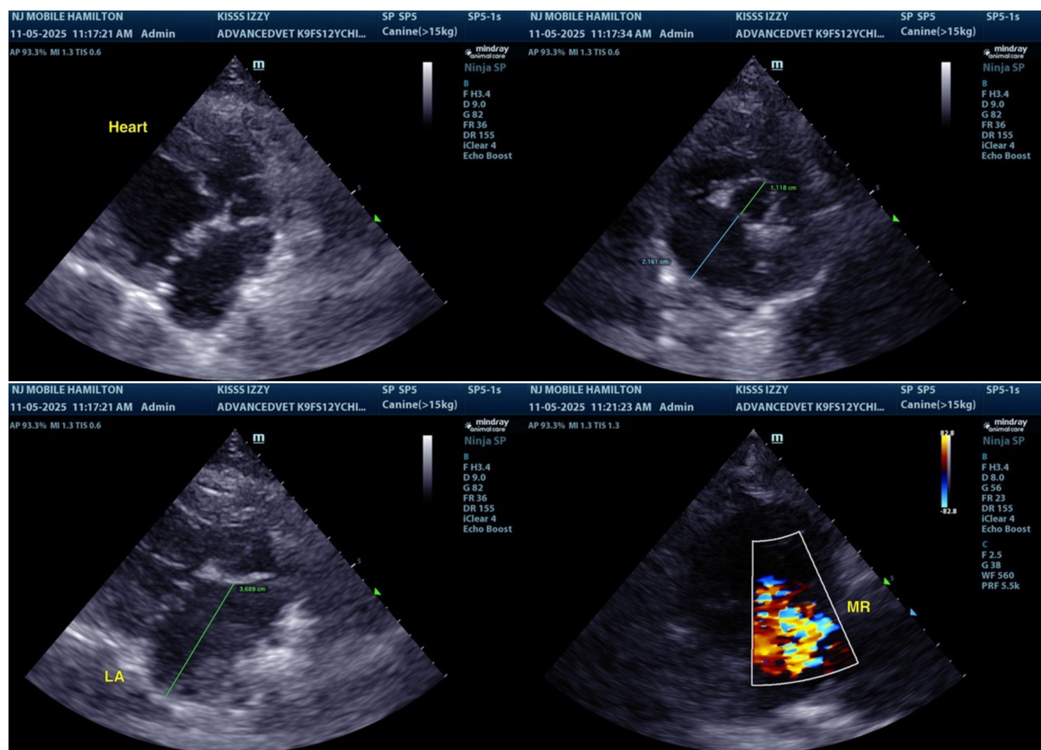
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

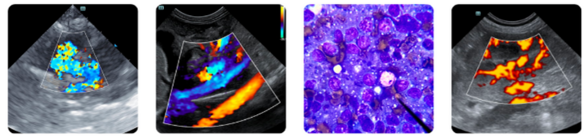
The degree of LA/LV enlargement indicates the current and future risk of complication secondary to MR is at least moderately elevated with potential for clinical left heart volume overload if evidence of congestion, i.e. radiographic pulmonary edema or elevated resting respiration rate. No other clinical issues such as overt pulmonary hypertension or LV systolic dysfunction. Pimobendan 0.3 mg/kg BID, ACE inhibitor 0.5 mg/kg SID, possibly titrating to BID and if evidence of congestion, lowest effective dose of Lasix 1-2 mg/kg BID is recommended. Correlation with pending lab work and monitoring of renal parameters if on diuretic therapy is indicated. Serial monitoring of resting respiration rate going forward is advised. Prognosis is variable to guarded going forward. Recheck echo suggested in 6 months, sooner if progressive clinical signs. Anesthetic risk is moderately elevated if required. The following protocol is suggested with judicious IV fluid use and limited anesthetic time. 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.

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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info@SonoPath.com

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