

PATIENT PRESENTING CLINICAL SIGNS

Sophiea Rae Newly diagnosed heart murmur grade 4/6, panting on walks. Rads suggestive of cardiomegaly and possible pulmonary edema. No meds. Please assess for anesthetic risk etc..

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Westie X

SEX

Spayed Female

AGE

8.5 Years

WEIGHT

~ 8.5 kg

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Brant Paws Vet Hospital

REFERRING VET

Dr. Zaki

INVOICE

12096

DATE

12097

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	--	NM	1.7	44	76	0.3
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	1.4	1.1	--	2.9	3.0	--

Cardiac Presentation

The echocardiogram in this patient demonstrated moderate increased **left atrial** size based on 2 different LA measurement methods. The cranial and caudal **mitral valve** leaflets presented thickening consistent with endocardiosis. Doppler revealed moderate eccentric insufficiency. The **left ventricle** presented thicknesses with adequate contractility with moderate 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 (ACVIM B2).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The moderate increased LA/LV dimension with adequate LV systolic function indicates the current



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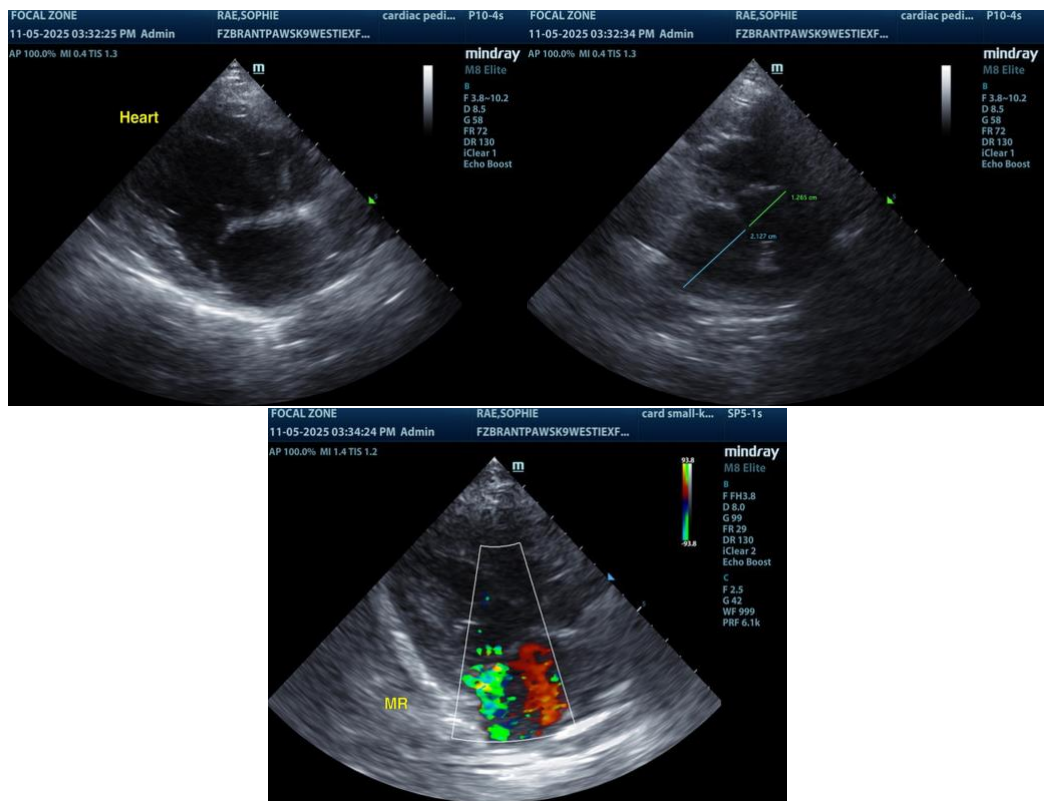
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and future risk of complication, secondary to MR, is moderately elevated. Subjectively, the degree of LA/LV enlargement is not definitively consistent with left sided congestion, however, correlation with monitoring of resting respiration rate as well as subsequent thoracic radiographs for pulmonary edema is indicated. Pimobendan 0.30 mg/kg PO BID and ACE inhibitor 0.50 mg/kg SID titrating to BID is recommended. If evidence of left-sided congestion, lowest effective dose Lasix 1.0 to 2.0 mg/kg PO BID is warranted. No additional clinical issues such as LV systolic dysfunction or pulmonary hypertension. Anesthetic risk is moderate yet likely mildly reduced once on Pimobendan for 3-5 days. If anesthesia is elected, the following protocol is suggested with peri-anesthetic judicious IV fluid administration. 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. Prognosis is highly variable and sonographic monitoring is advised. Recheck echo is recommended in 6 months or sooner if progressive clinical signs.

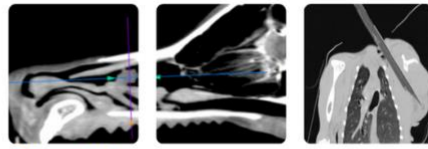


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com



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