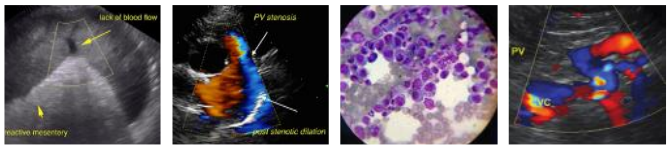
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Chico Passano

SPECIES
Canine

BREED
Maltese

SEX
MN

AGE
11yr

WEIGHT
11lb

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

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Pompton Lakes AH

REFERRING VET
Dr. Cattiny

INVOICE
12095ag

DATE
11/07/2022

PRESENTING CLINICAL SIGNS

Patient with history of heart disease presents for echo. Current reported medication: Clindamycin drops 25mg/ml- 1.5 mls PO SID x 20 days.

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			2.0	2.0	41	73.5	0.22
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	120	1.2	0.90		4.0	3.0	

Cardiac Presentation

The echocardiogram for this patient presented excessive left atrial size expressed both in the LA/AO and LA max measurements. Subtle deviation of the interatrial septum towards the right atrium suggestive of increased left atrial pressure was noted. The cranial and caudal mitral valve leaflets presented moderate thickening consistent with moderate endocardiosis with a minor prolapse of the septal leaflet. Doppler indicated measurable moderate eccentric insufficiency. The left ventricle presented thicknesses with linear contour and 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.

ULTRASONOGRAPHIC FINDINGS

- Progressive chronic mitral valve disease (ACVIM B2-C)
- Mildly thickened tricuspid valve with mild TR-no overt evidence of clinical pulmonary hypertension

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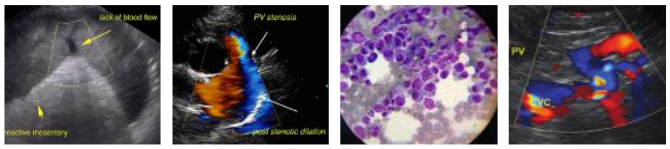

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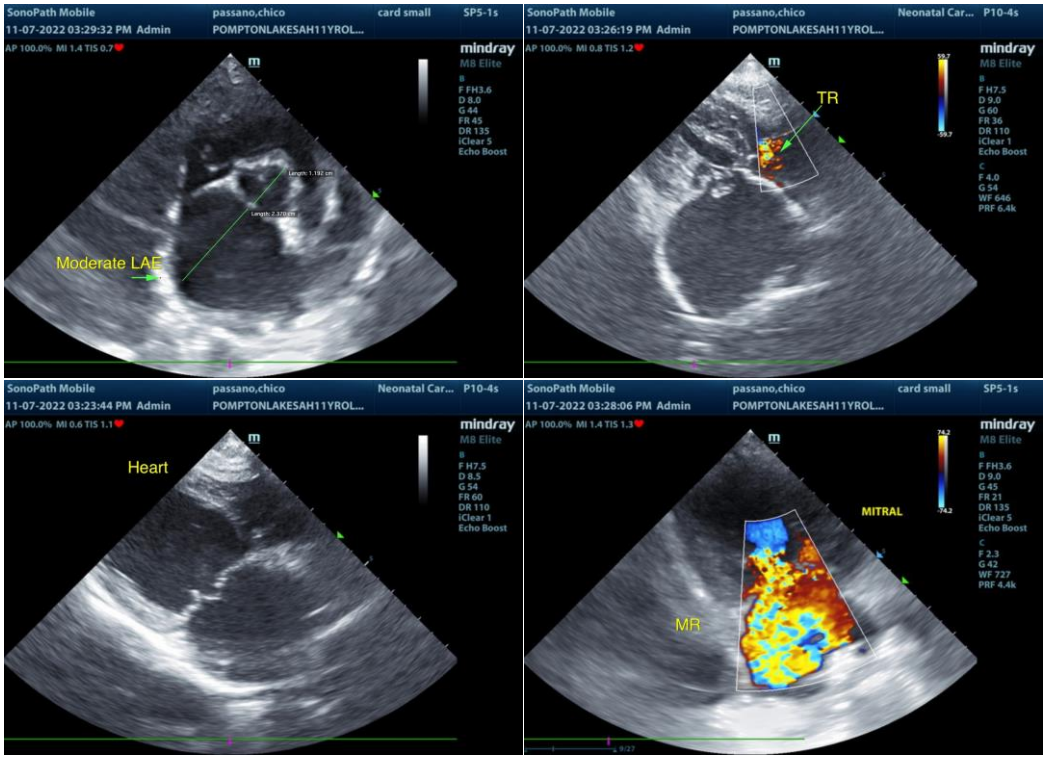
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiogram revealed evidence of progressive LA and LV enlargement compared to the previous study. Pimobendan 0.3 mg/kg PO BID along with lowest effective dose of Lasix 1-2 mg/kg PO BID is recommended. ACE inhibitor medication could be considered if systemic BP is >130 (not advised if <130).

The progressive enlargement indicated that risk of complication is moderately elevated if clinical signs are not currently present. Baseline monitoring of resting respiration rate is suggested. Serial sonographic monitoring is required for further prognosis. This patient may be at increased risk for development of malignant arrythmias, monitoring for evidence of tachycardia is recommended. Recheck echocardiogram recommended in 4-6 months, sooner if clinical signs of left sided congestion arise.



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