PATIENT

Cisco Conger

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

13.5 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Cascade Animal Clinic

REFERRING VET

Dr. Moczygemba

INVOICE

12523

DATE

12/01/25

PRESENTING CLINICAL SIGNS

Cough worsening, history of collapsing trachea and heart disease. . arthritis pain, worse in back end, cardiac murmur 4/6, Pt is BAR

Meds: Pimobendan 2.5 mg 1/2 tab BID, Furosemide 12.5 mg 1 tab BID

Abnormal PE/Chem/CBC/UA Results: Most recent BW 1/29/24: T4 0.7. BP 235/132 (166)

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	5.9	~2.5	NM	1.7	46	78	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	141	1.6	1.0	--	3.6	3.4	--

Cardiac Presentation

The echocardiogram in this patient demonstrated mild to moderate increased **left atrial** dimension with minor deviated intra-atrial septum based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis with valvular prolapse. Doppler indicated measurable moderate to significant eccentric MR. The **left ventricle** presented normal thicknesses with mild increased LV 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 thickening with 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 cardiac / pericardial tumors was visible.

ULTRASONOGRAPHIC FINDINGS

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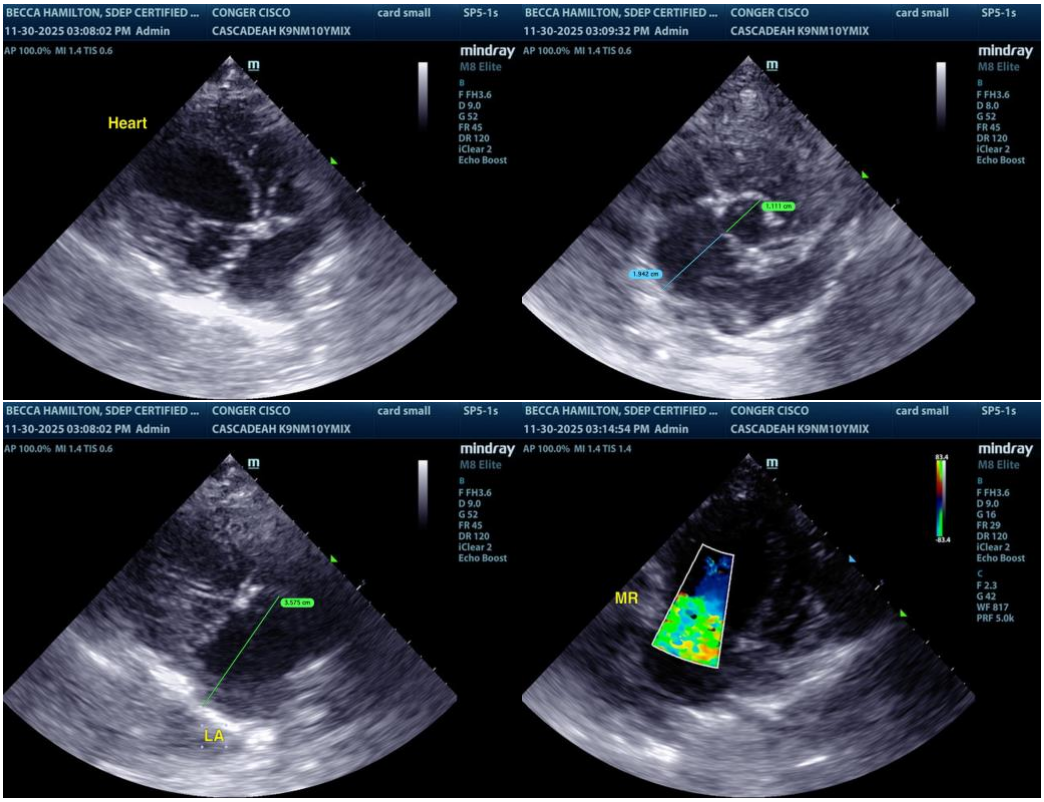
- Chronic mitral valve disease with valve prolapse (B2).
- TV insufficiency- no overt clinical pulmonary hypertension.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degree of LA/LV enlargement indicates the current and future risk of complications, secondary to MR, is moderately elevated. Continued Pimobendan 0.30 mg/kg PO BID is recommended. The degree of LA/LV enlargement is not overtly consistent with congestive criteria yet lowest effective dose diuretic therapy is warranted if clinical signs consistent with congestion i.e. elevated resting respiration rate or radiographic pulmonary edema. Concurrent respiratory support is recommended. Prognosis is variable to guarded going forward with sonographic monitoring advised. Recheck echo is recommended in 6 months or sooner if progressive clinical signs. Baseline monitoring of resting respiration rate going forward is indicated. Anesthetic risk is moderately elevated. If required, the following protocol is suggested with limited anesthetic time and judicious IV fluid. 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.



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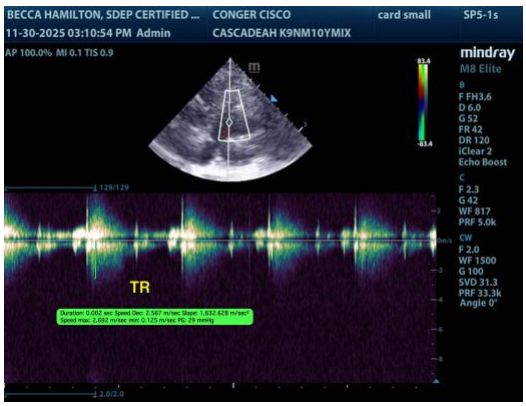

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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