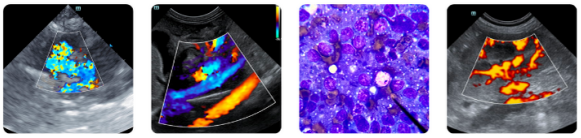



**PATIENT**

Brandi Sebolao

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Female Spayed

**AGE**

13 yrs

**WEIGHT**

15 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

All Creatures Fairfield

**REFERRING VET**

Dr. Perez

**INVOICE**

12912

**DATE**

12/11/25

## PRESENTING CLINICAL SIGNS

History: Brandy has a grade 3-4/6 HM Monday morning pet had a petit mal seizure. BW showed hypercalcemia, elev. BUN, ALT and ALKP.

Meds: Not on any meds.

Abnormal PE/Chem/CBC/UA Results: ALT-337 ALKP-798 BUN-35 Hypercal 12.9

## 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 | -- | -- | -- | 1.55 | 46 | 81 | 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 | 143 | 1.2 | 0.7 | -- | 3.6 | 2.9 | -- |

### *Cardiac Presentation*

The echocardiogram in this patient demonstrated borderline to emerging mild increased **left atrial** size based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis. Doppler indicated measurable eccentric insufficiency. MR velocity measured 5.7 m/s. The **left ventricle** presented borderline to emerging mild 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. No evidence of arrythmia present.

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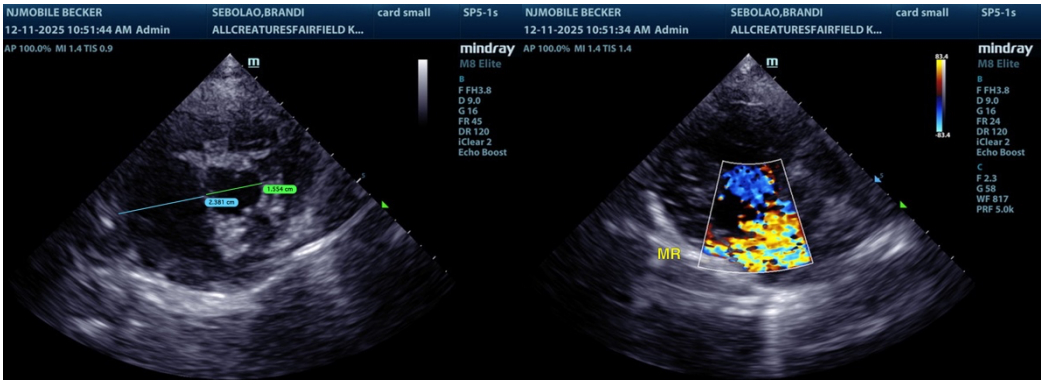
## ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (emerging ACVIM B2)

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The borderline to emerging enlargement indicates the current and future risk of complications secondary to MR is mildly elevated yet overall, the heart appears to be stable. Pimobendan 0.3 mg/kg BID is warranted at this stage given evidence of early LA enlargement. No indication for cardiac medication. No evidence of significant structural cardiomyopathy or arrythmia ad a contributing factor to a potential seizure episode. Correlation with abdominal ultrasound is recommended. Echocardiographic monitoring required for further prognosis. Recheck echo suggested in 6-12 months, sooner if clinically indicated. Cardiac anesthetic risk is considered mild. If required, the following protocol is recommended. 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)**

info@sonopath.com