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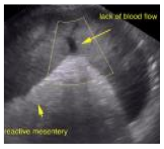
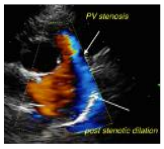
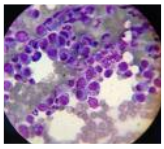
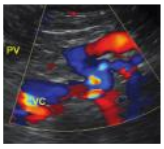

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1-800-838-4268 info@sonopath.com

PATIENT

Fergie Enright

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

13 Years

WEIGHT

22 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Scarbeck

INVOICE

20110

DATE

12/15/22

PRESENTING CLINICAL SIGNS

History: 2/6 left side systolic heart murmur noted on recent exam with no clinical symptoms. Abnormal PE/Chem/CBC/UA Results: BW WNL

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	5.7	2.5	1.2	1.2	36.3	67.2	0.32
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	113	1.2	0.81	--	4.0	3.3	--

Cardiac Presentation

The echocardiogram in this patient demonstrated minor increased **left atrial** size based on LA Max measurement method, although LA/AO heart base was within normal limits. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented mild to moderate thickening consistent with mild to moderate endocardiosis. Doppler indicated measurable eccentric insufficiency. The **left ventricle** presented thicknesses with linear contour with minor subjective 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. No arrythmia noted.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM early to mild B-2)
- TR- no evidence of clinical pulmonary hypertension

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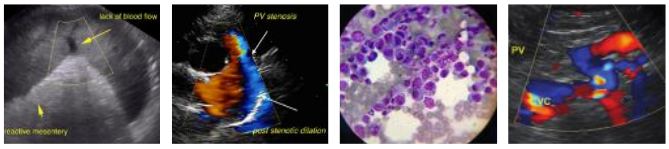

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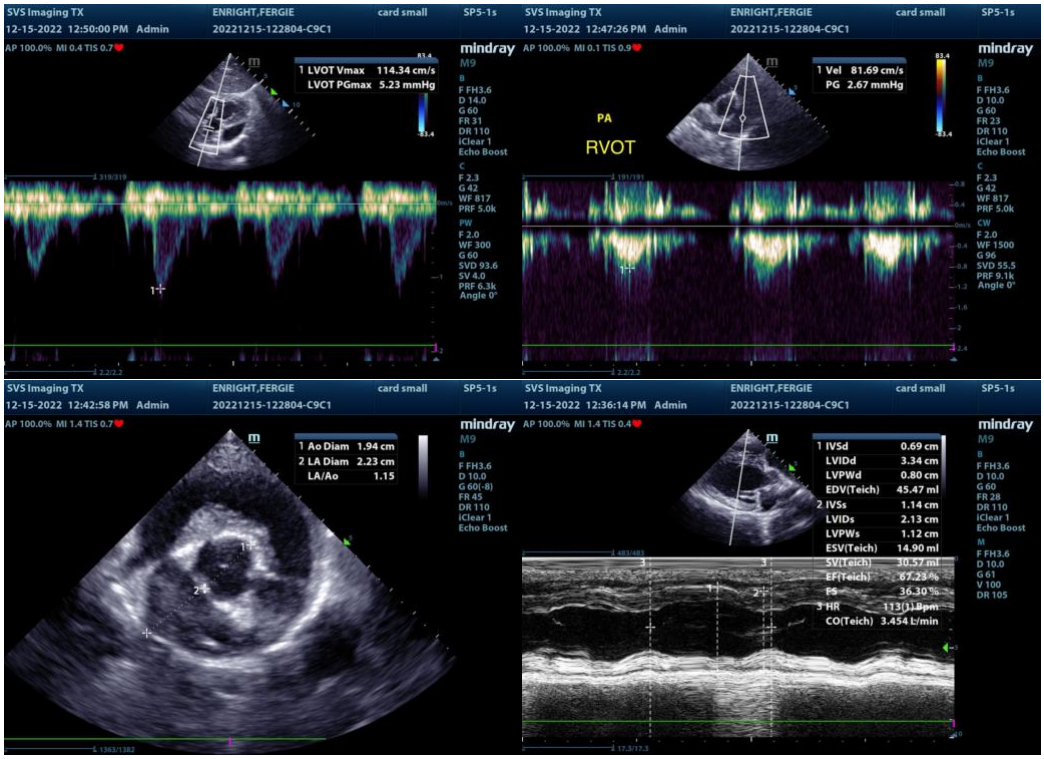
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is consistent with chronic degenerative valvular changes with secondary primary eccentric mitral valve and mild concurrent tricuspid valve insufficiency. The mild LA/LV enlargement indicate that the current and future risk of complications secondary to MR is mildly elevated yet overall, the heart appears to be compensated. In a nonclinical patient, without evidence of significant chamber enlargement, cardiac medications are not specifically indicated, however, prognosis is highly variable and serial sonographic monitoring is recommended. Recheck echocardiogram is suggested in 6 months or sooner if clinical signs arise. No contraindications to general anesthesia if needed.



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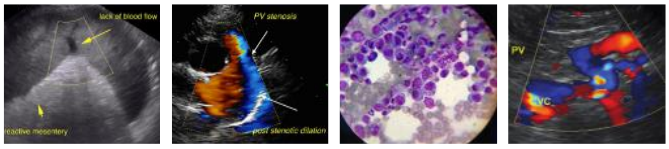

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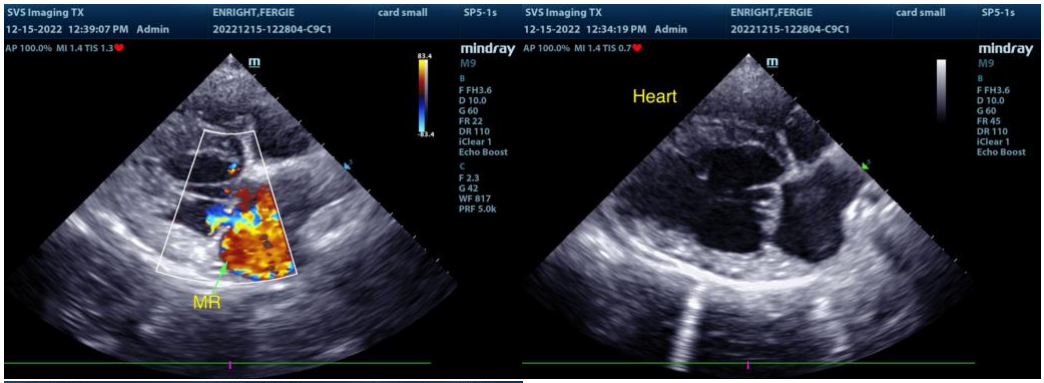

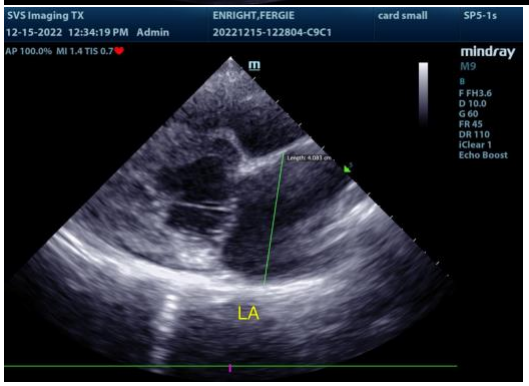

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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