



PATIENT

Harley Sobocinski

PRESENTING CLINICAL SIGNS

Bilateral heart murmur. Just started Cardalis 20 mgs 1/2 SID.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Yorkie X

SEX

Intact Male

AGE

12 Years

WEIGHT

81 Pounds

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	<1.6	28-40	40-100	<0.6
PATIENT	5.0	2.0	NM	2.7	33.3	64.0	0.52
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	109	1.0	0.8		3.4	2.7	

Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements. Deviation of the intraatrial septum towards the right atrium and indicative of increased left atrial pressure was present. Doppler indicated measurable eccentric insufficiency. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. The **left ventricle** presented normal thicknesses with linear contour with increased left ventricular 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 concurrent mild thickening with prolapse of the septal leaflet. Color doppler assessment revealed concurrent tricuspid valve insufficiency. 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Willowbrook AC

REFERRING VET

Dr. John Palescandolo

INVOICE

33283

DATE

12/6/21

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM late stage B2-C)
- Tricuspid valve insufficiency with mild tricuspid valve prolapse



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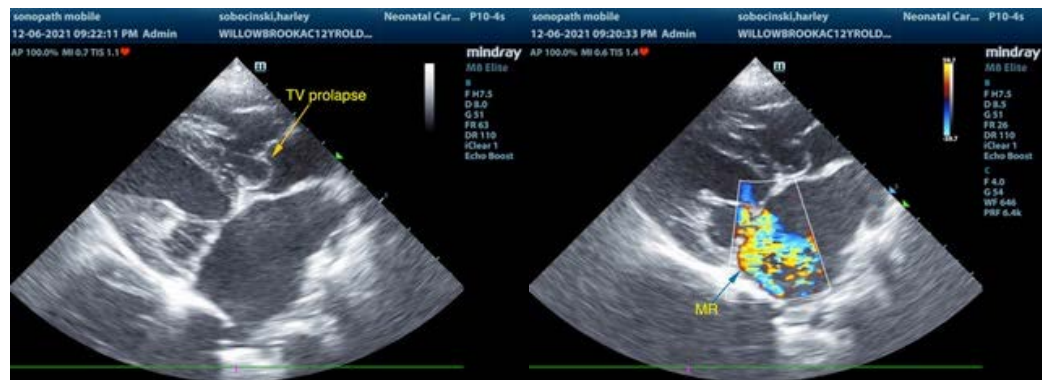
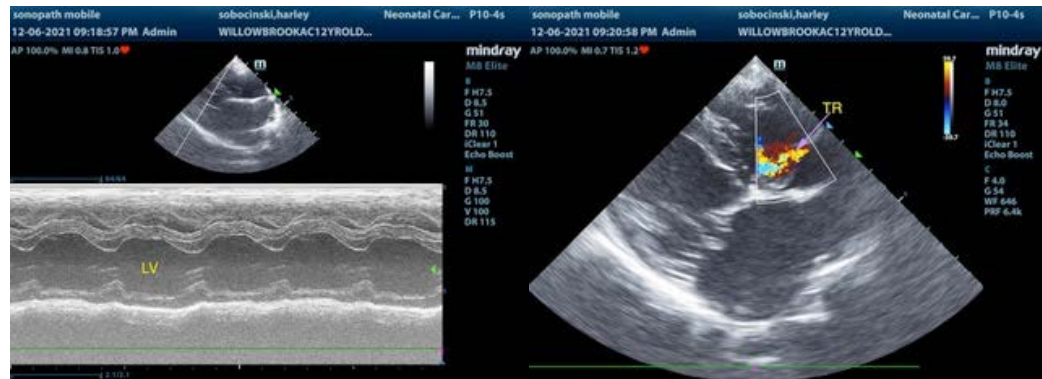
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes with mild tricuspid valve prolapse and secondary mitral and tricuspid valve insufficiency. The marked left atrial volume indicates that the current and future risk of complication is elevated if evidence of pulmonary edema is not currently present. The estimated pulmonary pressure gradient based on tricuspid valve insufficiency was not overtly consistent with concurrent clinical pulmonary hypertension. No other issues such as systolic dysfunction were identified. Pimobendan 0.3 mg/kg PO BID and Spironolactone 1 mg/kg PO BID are recommended. However, if evidence of pulmonary edema, Lasix/Spironolactone combination (both 1 mg/kg PO BID) is recommended. Assessment of systemic blood pressure and baseline renal parameters are suggested. If blood pressure >130, an ACE inhibitor medications could also be considered. Monitoring of resting respiration rate recommended. Recheck echocardiogram suggested in 6 months, sooner if clinical signs consistent with heart failure are noted.





PATIENT

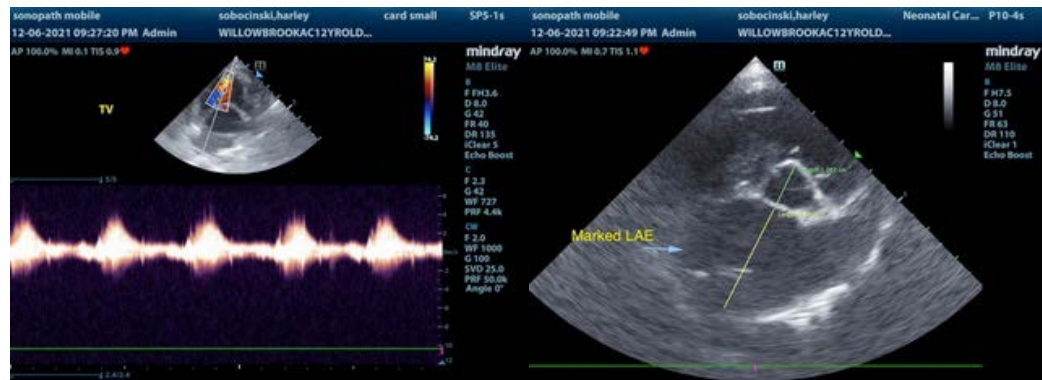
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

AGE

12 Years

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.

WEIGHT

81 Pounds

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