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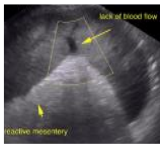
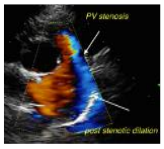
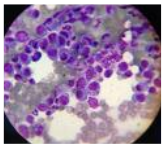
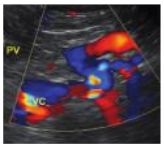

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1-800-838-4268 info@sonopath.com

PATIENT

Bella Zazzali

SPECIES

Canine

BREED

Cavapoo

SEX

Spayed Female

AGE

12 Years

WEIGHT

N/A

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Roche

INVOICE

19045

DATE

12/6/22

PRESENTING CLINICAL SIGNS

History: new murmur noted; single syncopal episode
Abnormal PE/Chem/CBC/UA Results: unremarkable

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	6.1	3.0	1.4	1.4	43	78	0.2
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	122	1.4	0.8	--	3.3	2.8	--

Cardiac Presentation

The echocardiogram for this patient demonstrated minor increased **left atrial size** based on 3 different measurement methods. The cranial and caudal **mitral** valve leaflets presented mild thickening consistent with endocardiosis. No evidence of valvular prolapse. Doppler indicated measurable moderate eccentric insufficiency. Mild increased MR velocity was noted.
The **left ventricle** presented thicknesses with linear contour with subjective minor increased 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 subjective 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 evidence of arrythmia noted.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B-1- early B-2)
- Mild TR- estimated pulmonary pressure gradient approximately 36 mmhg max, suggestive of mild increased pulmonary pressure not consistent with overt clinical pulmonary hypertension.

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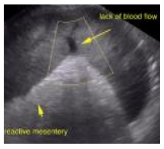
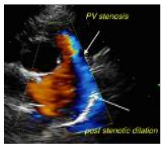
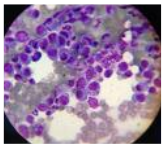
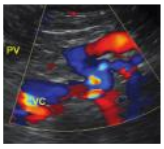

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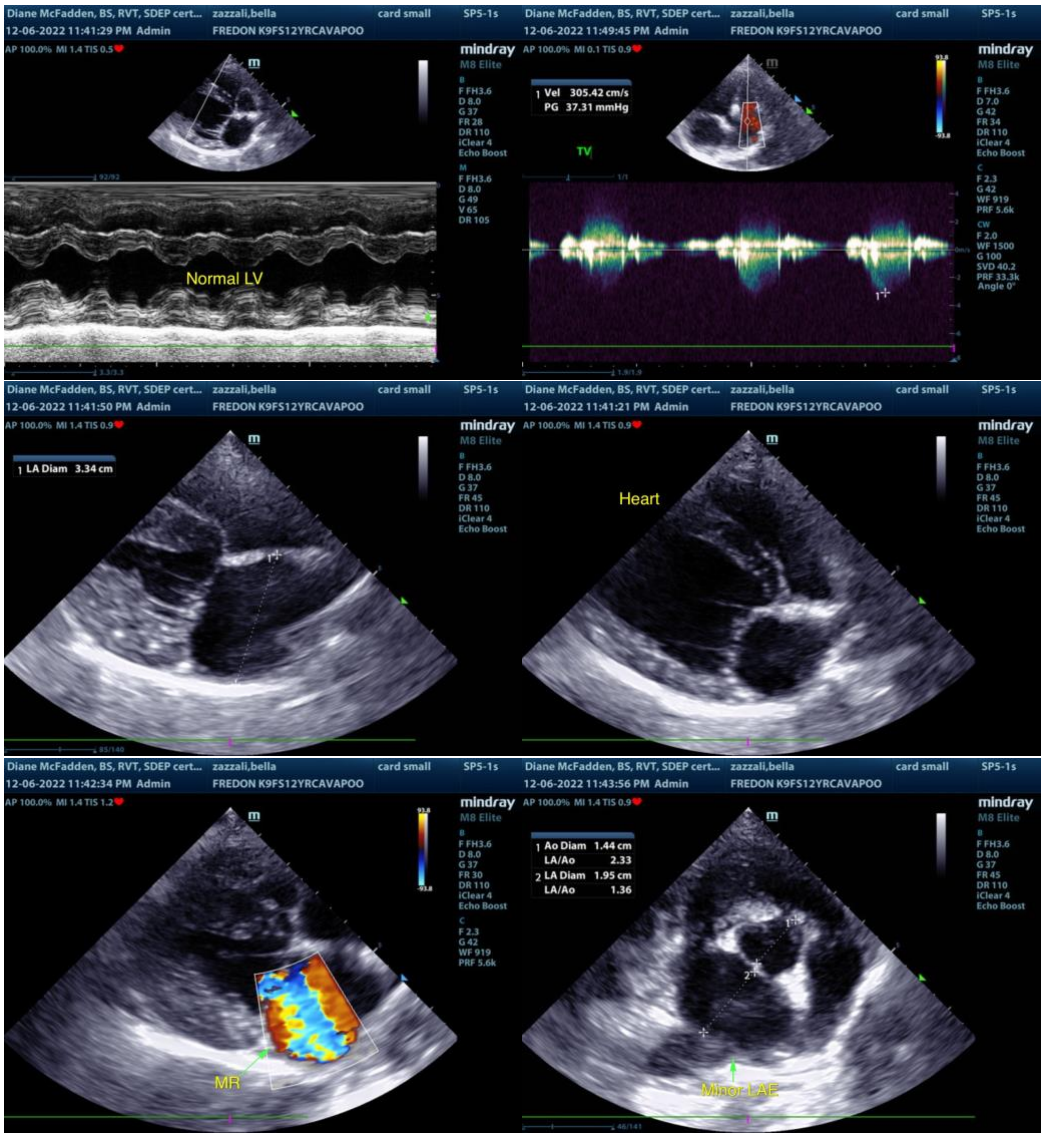
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The minor increased LA/LV size indicates that the current and future risk, going forward, of complications secondary to MR is mildly elevated, yet overall, the heart appears to be compensated without clinical issues such as LV systolic dysfunction or evidence of clinical pulmonary hypertension. Potential for paroxysmal arrythmia given the single syncopal episode cannot be definitively excluded in an overall nonclinical patient without evidence of significant chamber enlargement.

No indication for cardiac medications. However, prognosis is highly variable and serial sonographic monitoring is recommended. ECG assessment is suggested with potential for Holter monitor if continued syncopal episodes. Recheck echocardiogram is recommended in 6 months or sooner if clinical signs consistent with heart disease arise.



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.

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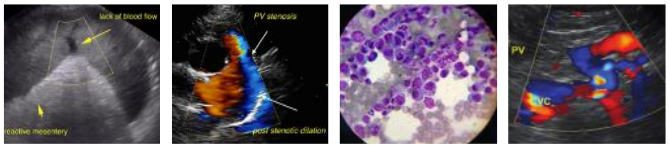

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com