PATIENT

Baxter Lobley

SPECIES

Canine

BREED

Cockapoo Terrier Mix

SEX

Neutered Male

AGE

14 Years 11 Months

WEIGHT

18 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Farview Animal Clinic

REFERRING VET

Dr. Mosaad

INVOICE

12637

DATE

12/08/25

PRESENTING CLINICAL SIGNS

Recheck echo from 6/2/2025, report attached for reference. Today unbalanced not acting correctly/like himself. V+ this morning, O gave meds this am before V+. Current Meds: Vetmedin 2.5mg bid.

Abnormal PE/Chem/CBC/UA Results: 12/8: PLT 573; ALP 238; ALT 272; BUN 38; Ca 12.7; Cre 1.5; Glucose 124; K+ 3.3. UA: n/a

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	<2.0	NM	1.4	36	68	0.3
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	123	1.0	0.8	--	3.7	3.0	--

Cardiac Presentation

The echocardiogram in this patient demonstrated moderate increased **left atrial** dimension with mild intra-atrial septal deviation based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis. Doppler indicated significant eccentric MR. The **left ventricle** presented static to mild increased internal dimension compared to the previous study. 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 cardiac / pericardial tumors was visible. No evidence of arrhythmia.

ULTRASONOGRAPHIC FINDINGS

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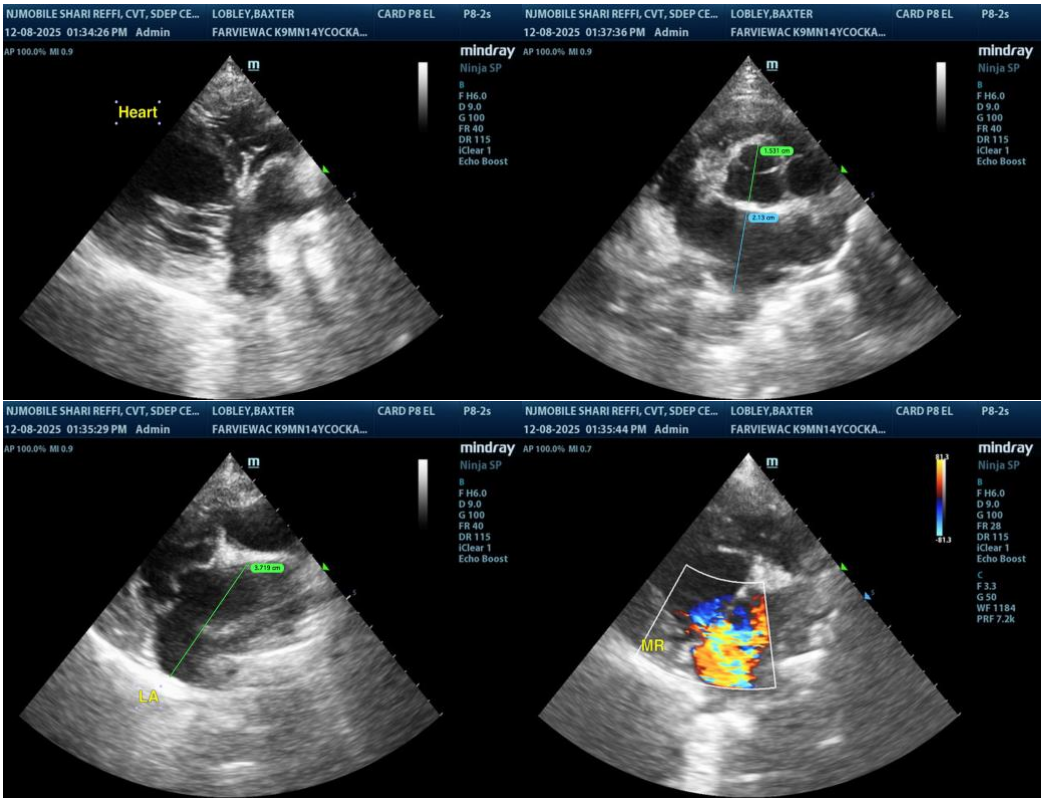
- Chronic mitral valve disease (B2)- mild progressive LA enlargement on 2D measurement compared to the previous study.

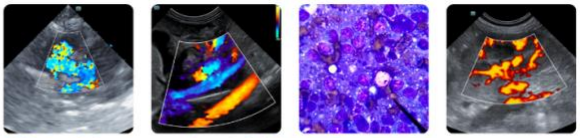
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild increased LA dimension compared to the previous study indicates the current and future risk of complication, secondary to MR, is increased. Continued Vetmedin at current dose with consideration for diuretic Spironolactone 1.0 to 2.0 mg/kg BID is indicated. Assessment of systemic BP given borderline increased measured MR velocity as well as ECG to assess for nonobvious or paroxysmal arrhythmia as a contributing factor to the patient's clinical signs is recommended. Prognosis remains variable yet guarded going forward with sonographic monitoring advised. Recheck echo is recommended in 4-6 months or sooner if progressive clinical signs or evidence of elevated resting respiration rate. Anesthetic risk is at least moderately elevated. If required, the following protocol is suggested with judicious IV fluid use and limited anesthetic time. 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.



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