



PATIENT

Bella Krystofiak

SPECIES

Canine

BREED

Beagle

SEX

FS

AGE

12 years

WEIGHT

N/A

PRESENTING CLINICAL SIGNS

mitral valve disease; on vetmedin and enalapril

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 | <1.6 | 28-40 | 40-100 | <0.6 |
| PATIENT | 5.6 | 2.8 | 2.0 | 1.94 | 40.2 | 71.7 | 0.18 |
| 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 | BELOW | BELOW | BELOW | BELOW |
| PATIENT | 96 | 2.0 | 1.0 | | 4.8 | 3.8 | |

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Animal Care Centers
of Landing

REFERRING VET

Dr. Hargadon

INVOICE

13308

DATE

2/11/22

Cardiac Presentation

The echocardiogram in this patient demonstrated moderately enlarged **left atrial** size based on 3 different LA measurement methods. Mild deviation of the interatrial septum towards the right atrium suggestive of increased left atrial pressure was present. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable eccentric insufficiency. The **left ventricle** presented thicknesses with maintained linear contour with subjective mild 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 mild thickening with minor TV insufficiency present. 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.



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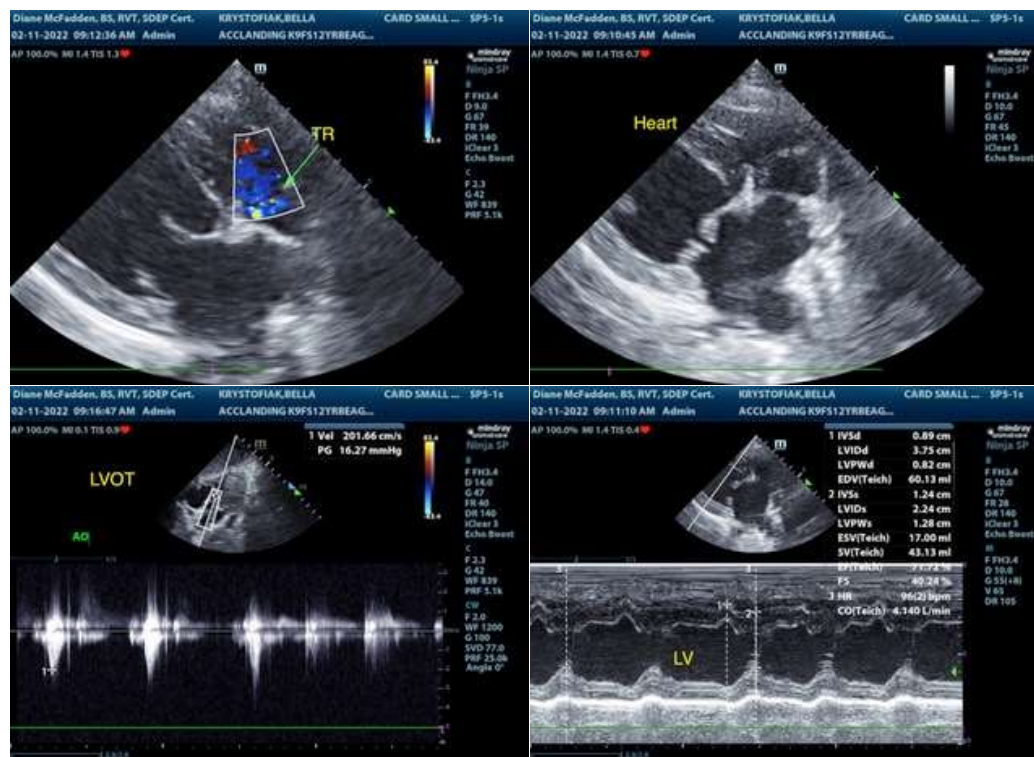
ULTRASONOGRAPHIC FINDINGS

- Mildly progressive chronic mitral valve disease (ACVIM stage B2, possible emerging ACVIM stage C)
- Mild TV insufficiency - estimated pulmonary pressure gradient suggestive of mild increased pulmonary pressures yet not consistent with clinical pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck echocardiogram indicates mild progressive LA enlargement compared to the previous study. This finding indicates progressive to increased risk of current and future complications going forward.

Continued Pimobendan at current dose, as well as ACE inhibitor assuming blood pressure (>130), is recommended. Since no diuretic therapy was reported and if no clinical evidence of congestion, a weak diuretic such as Spironolactone 1.0-2.0 mg/kg PO BID Is recommended. However, if increased resting respiration rate or evidence of pulmonary edema, Lasix 1.0-2.0 mg/kg PO BID at the lowest effective dose to control clinical signs would be appropriate. Continued baseline monitoring of resting respiration rate, blood pressure, and for evidence of tachycardia is suggested. Recheck echocardiogram is suggested in 6 months, sooner If clinical signs arise. If evidence of current or future coughing, Hydrocodone may prove beneficial.





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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