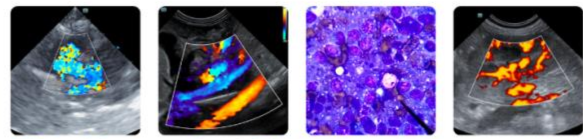

PATIENT

Zoey Sinno

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

14 Years

WEIGHT

45 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Park Ridge Animal Hospital

REFERRING VET

Dr. Rosenblum

INVOICE

13707

DATE

02/11/26

PRESENTING CLINICAL SIGNS

- Rad report- moderate cardiomegaly, LA enlargement, mixed interstitial and bronchial patterns.
- Coughs at night, grade 3 HM

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	5.8	<2.0	NM	2.2	35	65	0.2
CANINE CARDIAC PARAMETERS	**HR (BPM)**	**AV VMAX (m/s)**	**PV MAX (m/s)**	**BODY WEIGHT (lbs)**	**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	176	1.1	1.0	45.0	6.3	5.1	--

Cardiac Presentation

The echocardiogram in this patient demonstrated moderate to severe increased **left atrial** dimension with 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 measurable significant eccentric insufficiency. The **left ventricle** presented thicknesses with linear contour and moderate to significant increased LV dimension and sphericity. 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

- Chronic mitral valve disease with emerging left heart volume overload (ACVIM B2 + - C).

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- Mild TV insufficiency- estimated pulmonary pressure gradient not overtly consistent with clinical pulmonary hypertension.

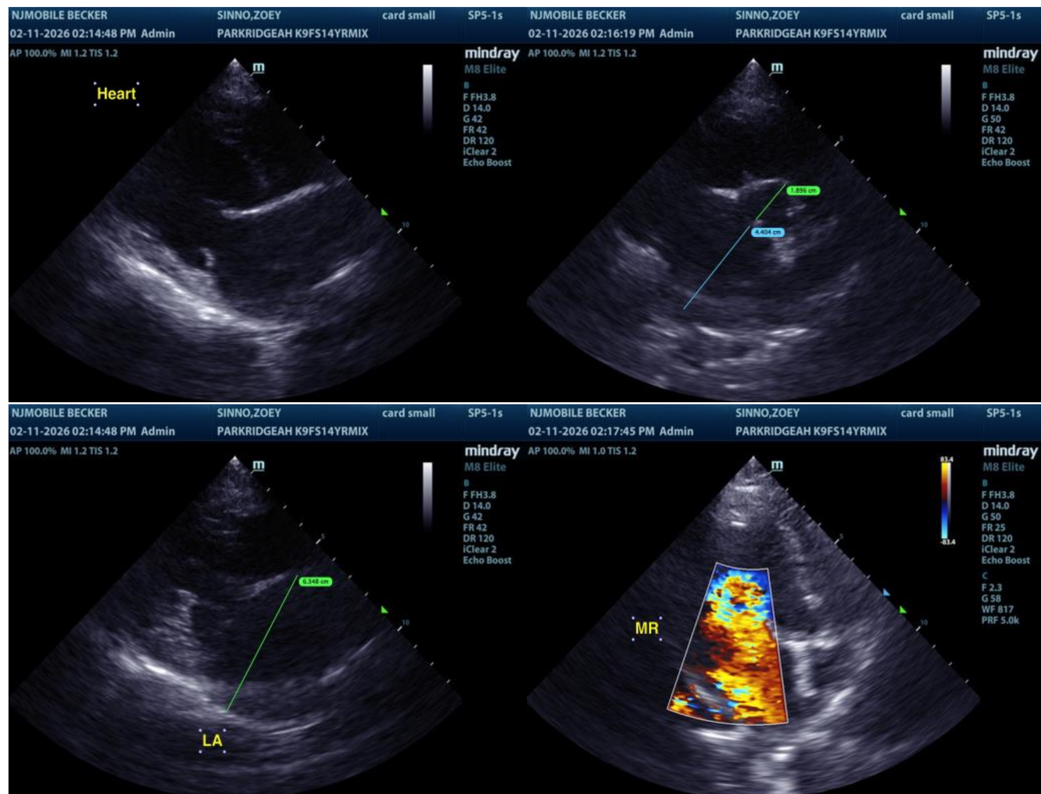
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

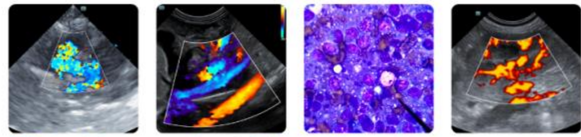
The degree of LA/LV enlargement indicates the current and future risk of complication, secondary to MR, is significantly elevated with potential emerging congestive criteria.

Pimobendan 0.3 mg/kg BID, LASIX 1 to 2 mg/kg BID at lowest effective dose. ACE inhibitor 0.5 mg/kg SID with monitoring the systemic BP and as needed respiratory support including antitussive medication hydrocodone is recommended.

Multifactorial component to the coughing which may include emerging left heart congestion, main stem bronchi irritation, concurrent lower airway disease or combination are possible. Omega fatty acid supplementation and mild salt restriction may prove beneficial. Prognosis going forward is variable to guarded pending response to medical support.

Serial sonographic monitoring is advised with recheck echo suggested in six months or sooner if progressive clinical signs. Anesthetic risk is considered moderate to significant. If required, the following protocol is recommended with judicious IV fluid use, limited anesthetic time and close monitoring. 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.





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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