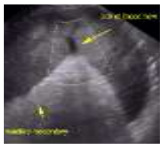
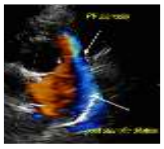
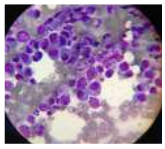
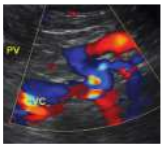
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Jade Manesis

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

FS

AGE

11 years

WEIGHT

28 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Warren AH

REFERRING VET

Dr. Brian

INVOICE

13372

DATE

2/16/22

PRESENTING CLINICAL SIGNS

grade 3/6 murmur
Abnormal PE/Chem/CBC/UA Results: ALKP 896, trig 310

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	5.2		1.46	1.3	42.4	74.4	0.21
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	104	1.36	0.85		3.7	3.5	

Cardiac Presentation

The echocardiogram in this patient demonstrated mildly enlarged **left atrial** size based on 3 different LA measurement methods. Subtle deviation of the interatrial septum towards the right atrium suggestive of mild elevated left atrial pressure was present. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. No evidence of chordae tendineae rupture or valvular prolapse was noted. Doppler indicated measurable moderate eccentric insufficiency. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. 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 adequate linear morphology. 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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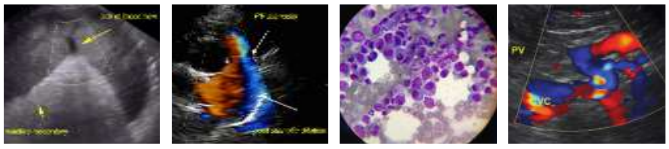

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ULTRASONOGRAPHIC FINDINGS

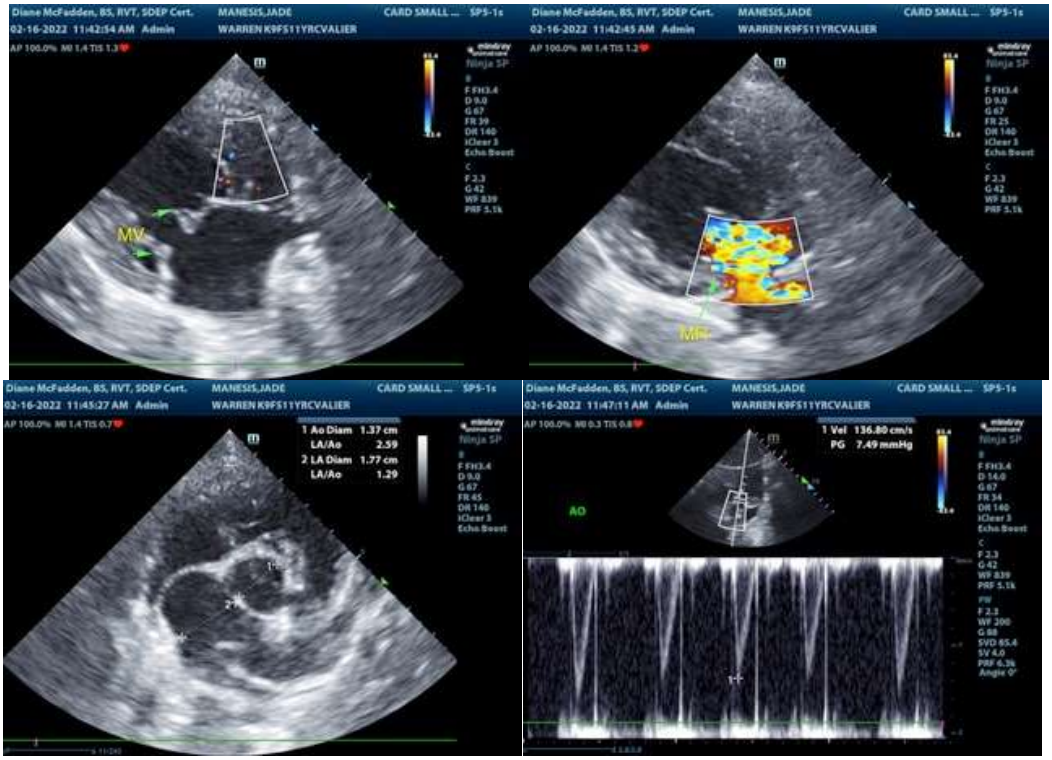
- Chronic mitral valve disease (ACVIM Mild to early B2)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild LA enlargement indicated that the current and future risk going forward is mildly elevated. Overall, the heart appears to be compensated at this time. In an assumed non-clinical patient without significant cardiac changes, medical therapy at this stage Is not clearly indicated.

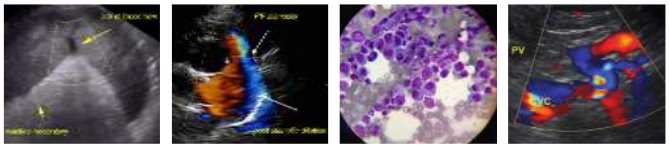
Conservative monitoring would be reasonable. However, rates of progression are highly variable, and serial sonographic monitoring is required for further prognosis. Anesthetic risk is considered mildly elevated at this stage. If anesthesia is required, the following protocol is suggested. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs arise.

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



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can be of any further assistance please contact me.

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