

PATIENT PRESENTING CLINICAL SIGNS

Fifi Valdes Dyspnea, cardiomegaly, CHF, episode of collapse.

SPECIES

Canine

Current meds: Pimobendan 0.625mg bid (transdermal), Lasix 18mg tid, Tussigon, Enalapril 1.25mg bid, Theophylline bid

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Chihuahua

SEX

FS

AGE

13yr

WEIGHT

3.8lb

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	5.0	<2.0	2.1	2.1	46	82	0.25
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	101	1.0	0.83		3.0	2.7	

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Barron

INVOICE

13025ag

DATE

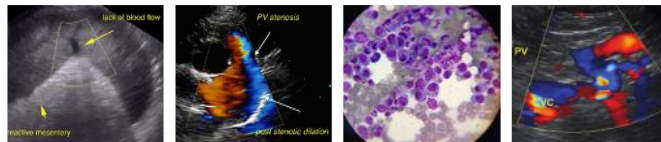
02/20/2023

Cardiac Presentation

The echocardiogram for this patient presented moderate to severe increased left atrial size expressed both in the LA/AO and LA max measurements. Subtle deviation of the interatrial septum towards the right atrium suggestive of increased left atrial pressure was noted. The cranial and caudal mitral valve leaflets presented moderate to marked thickening (anterior greater than posterior) consistent with endocardiosis. Doppler indicated measurable moderate eccentric insufficiency. The left ventricle presented thicknesses with linear contour with increased left ventricle 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 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.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B2-C) with mild anterior leaflet prolapse
- Mild TR-pulmonary pressure gradient not overtly consistent with clinical pulmonary hypertension



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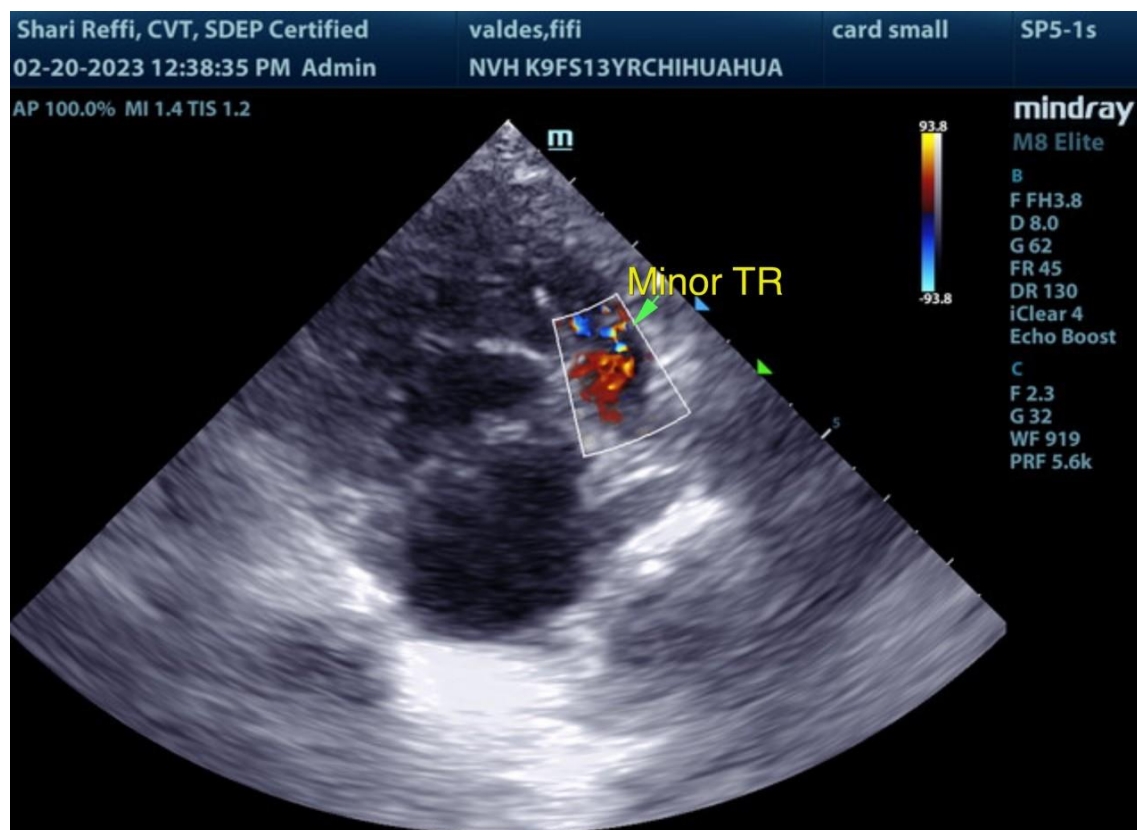
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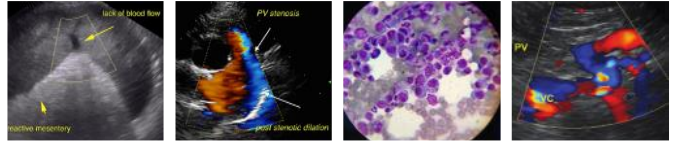
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degree of LA enlargement indicates that the current risk of complication secondary to MR is significantly elevated with likely cardiogenic pulmonary congestion. Multifactorial component to the patient's dyspnea including concurrent lower airway disease cannot be definitively excluded. No additional clinical issues such as evidence of LV systolic dysfunction or overt clinical pulmonary hypertension present.

Pimobendan and Lasix therapy recommended with ACE inhibitor medication if evidence of hypertension (systemic BP >130). As needed anti-tussive medication and respiratory support recommended. ECG assessment to rule out paroxysmal arrhythmia as well as monitoring of systemic BP is advised. Exercise restriction recommended.

Prognosis is highly variable yet likely guarded pending clinical response to medical therapy. Omega 3 fatty acids and mild salt restriction may prove beneficial. Recheck echocardiogram recommended in 4-6 months, sooner if clinically indicated or recurrent episodes of CHF.





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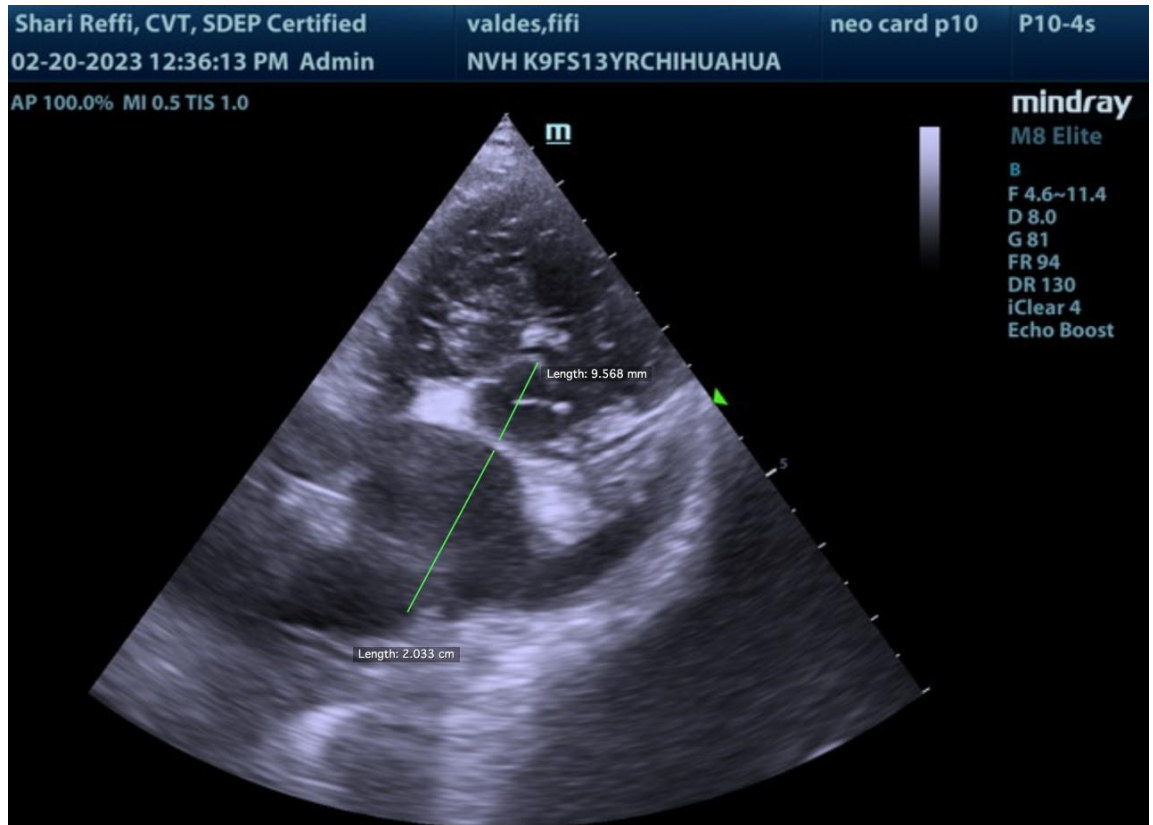
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Shari Reffi, CVT, SDEP Certified valdes,fifi neo card p10 P10-4s
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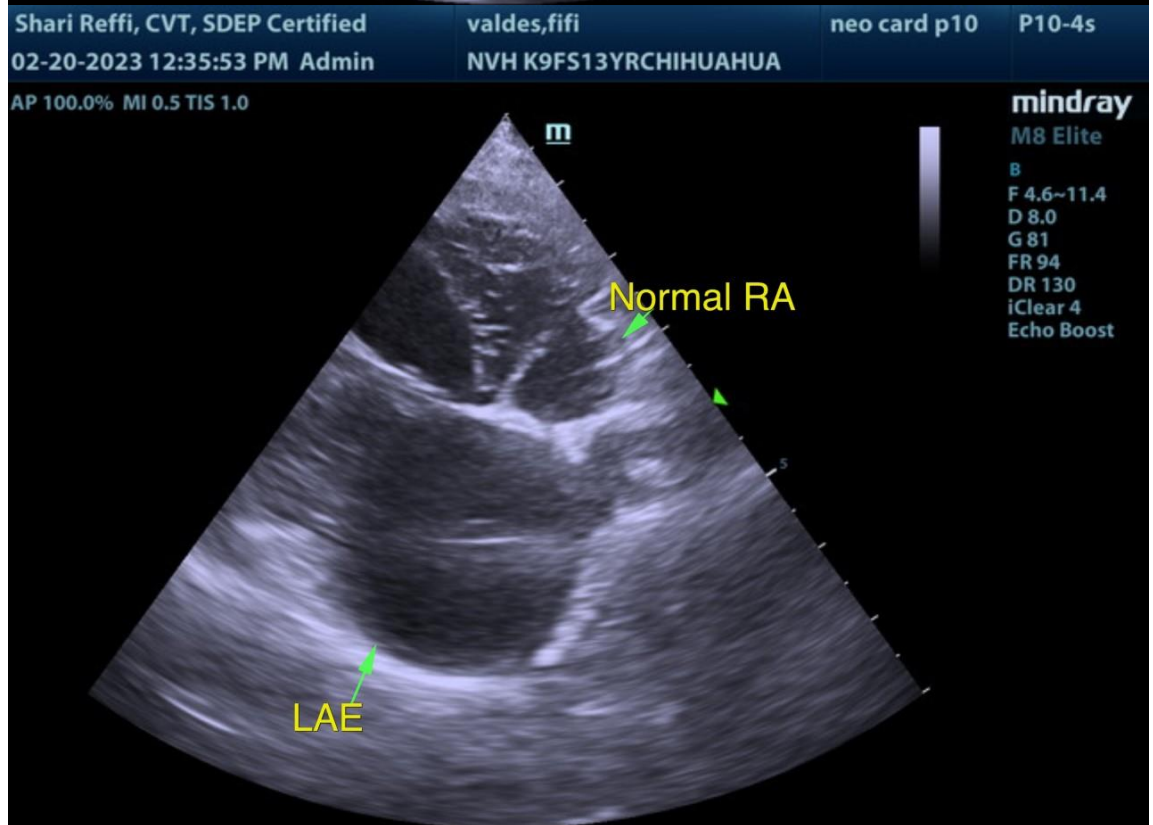
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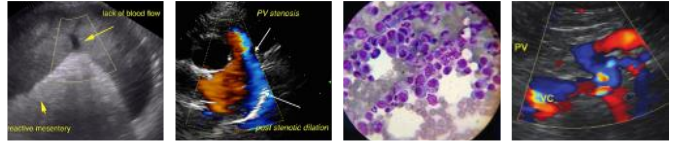
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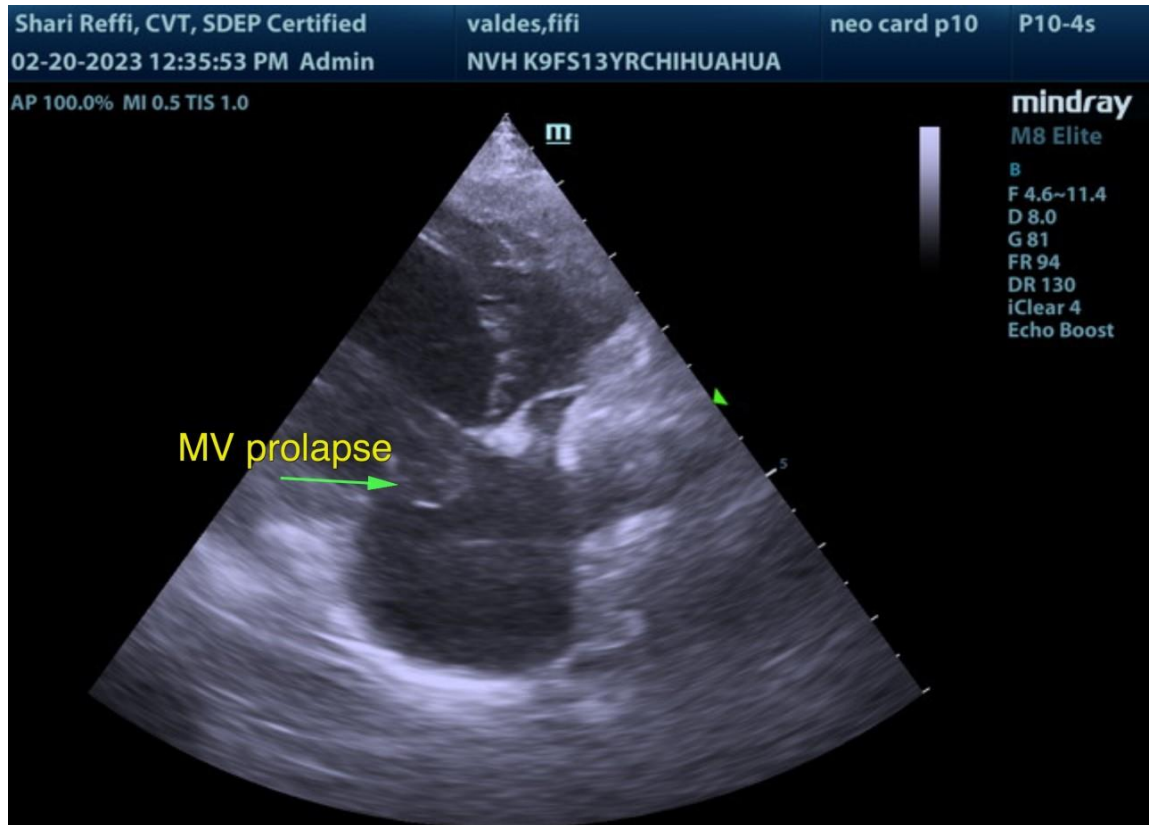
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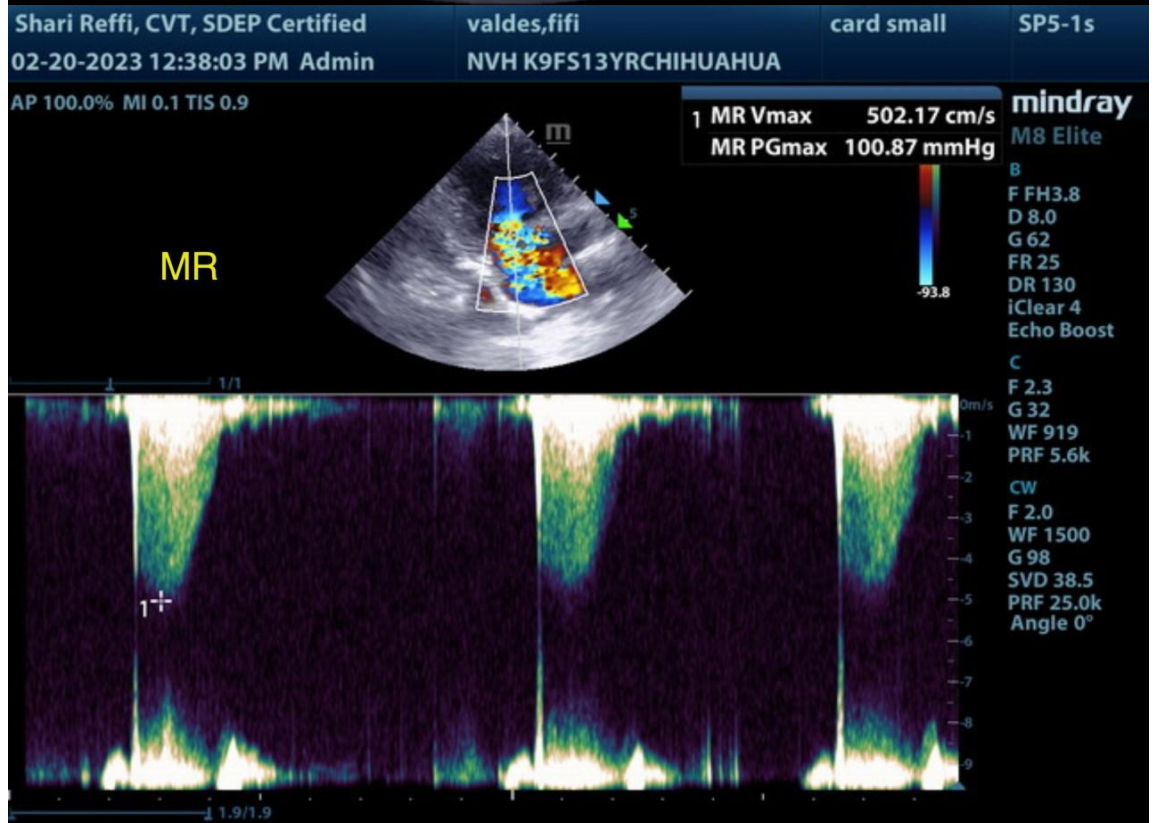
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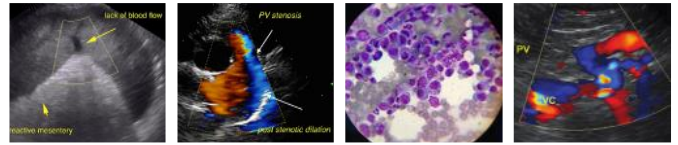
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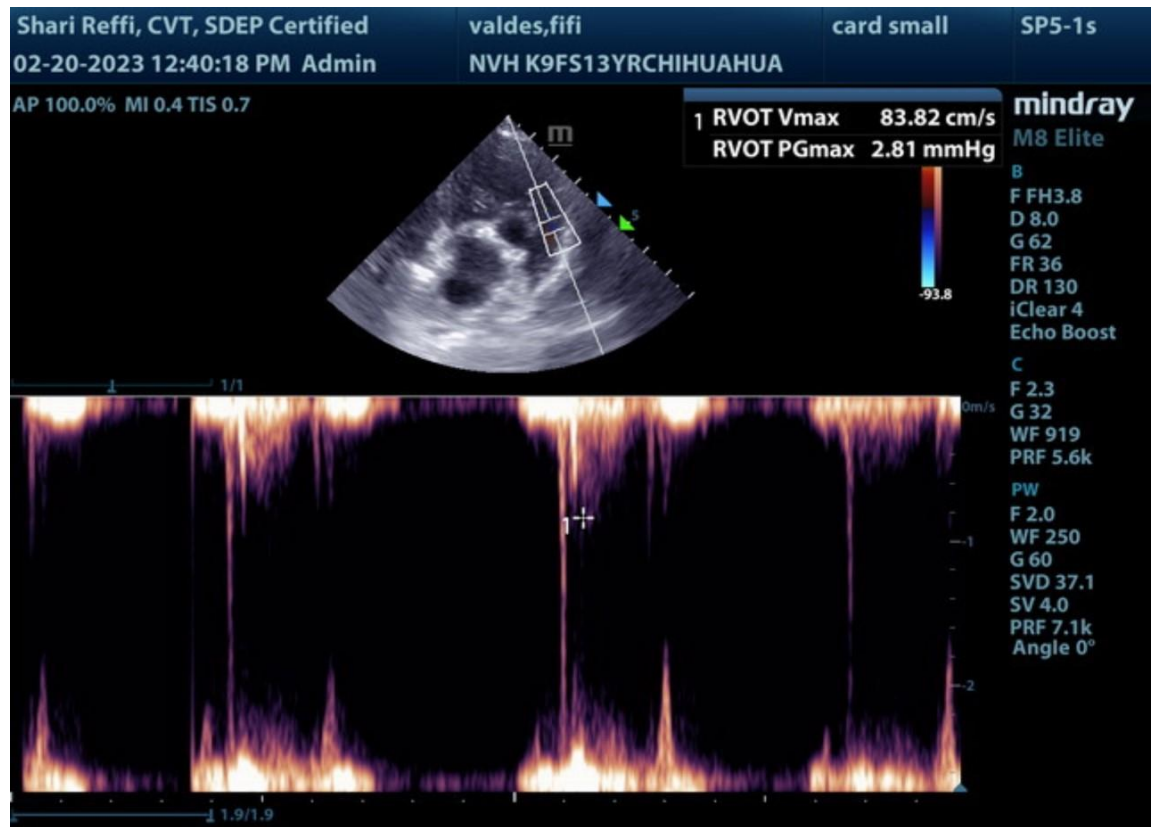
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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