PATIENT

Isabelle Galante

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Female Spayed

AGE

14y 5m

WEIGHT

8.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Becca Hamilton

HOSPITAL NAME

Blairstown AH

REFERRING VET

N/A

INVOICE

13233

DATE

2/25/26

PRESENTING CLINICAL SIGNS

History:

- Pet developed a murmur
- Murmur, collapsing trachea, possible mild perihilar edema on x-rays

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	5.4	3.2	1.3	1.4	52	85	0.1
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	172	1.2	1.1	--	2.5	2.5	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis and mild mitral valve prolapse. Doppler indicated measurable moderate eccentric MR. MR velocity measured 5.4 m/s. 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 thickening with mild valve prolapse. Mild TR noted on doppler with TR velocity measuring 3.2 m/s max. 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.

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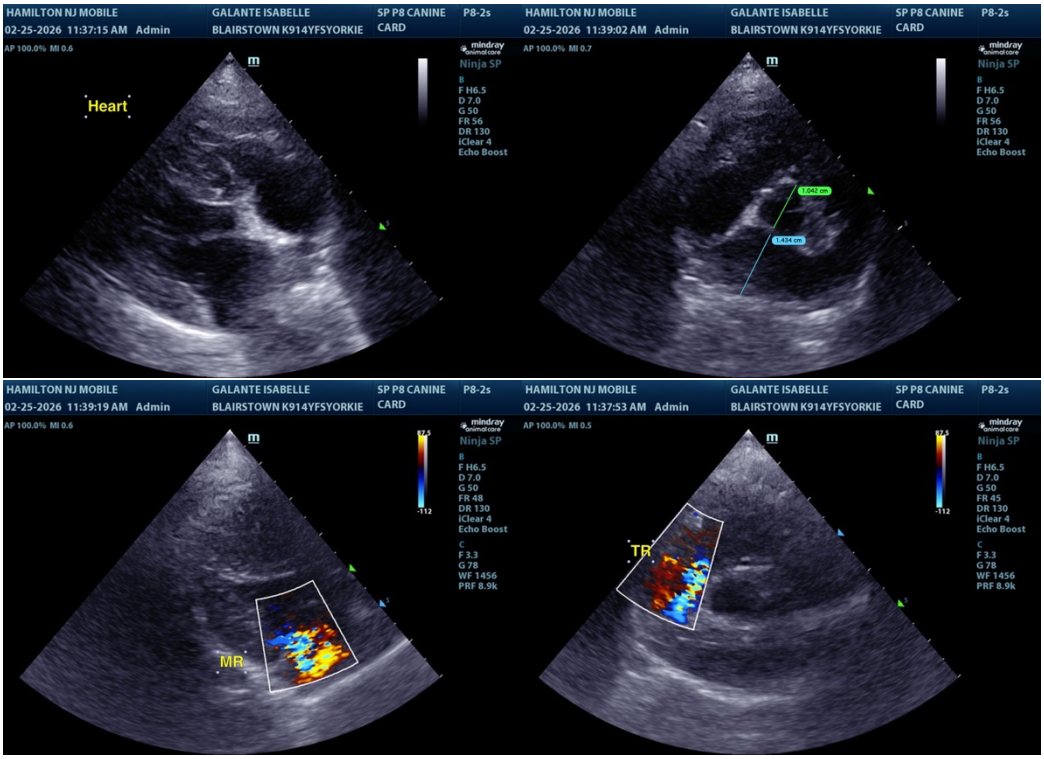
ULTRASONOGRAPHIC FINDINGS

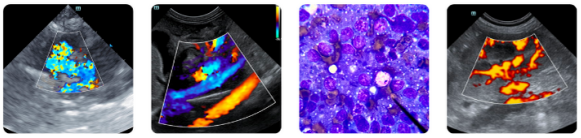
- Chronic mitral valve disease (B1)
- Tricuspid regurgitation, estimated pulmonary pressure gradient consistent with mild pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency and tricuspid valve insufficiency. The lack of left atrial enlargement implies that the risk of complication secondary to mitral valve insufficiency is low at this time and, without current clinical signs, indicates that medical therapy is not required. Clinical pulmonary hypertension is not suspected given only reported respiratory signs without evidence of exercise intolerance or syncope. However, monitoring for these clinical signs going forward is indicated. As needed respiratory support is recommended. Recheck echo suggested in 6 months, sooner if clinicals signs consistent with left heart disease arise or suspicion of progressive pulmonary hypertension. Prognosis is considered variable and current cardiac risk is considered mild. 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.



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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