



PATIENT

Gypsy Tortosa

PRESENTING CLINICAL SIGNS

Cardiomegaly; coughing/gagging. Current meds: doxycycline, theophylline, cough tabs, vetoryl, soloxine

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Beagle X

SEX

Spayed Female

AGE

11 Years

WEIGHT

41.1 Pounds

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	5.5	<1.0	NM	2.0	51.7	82.9	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	BELOW	BELOW	BELOW	BELOW
PATIENT	144	1.9	1.3		5.9	4.7	

Cardiac Presentation

INTERPRETED BY

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

The echocardiogram for this patient presented moderately excessive **left atrial size** expressed both in the LA/AO and LA max measurements. Deviation of the intraatrial septum towards the right atrium was noted, consistent with increased left atrial pressure. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable moderate eccentric insufficiency. The **left ventricle** presented normal thicknesses with linear contour with increased left ventricular volume. **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.

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Newton Vet Hospital

REFERRING VET

Dr. Chabora

INVOICE

35959

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B2) – potential Stage C

DATE

2/28/22



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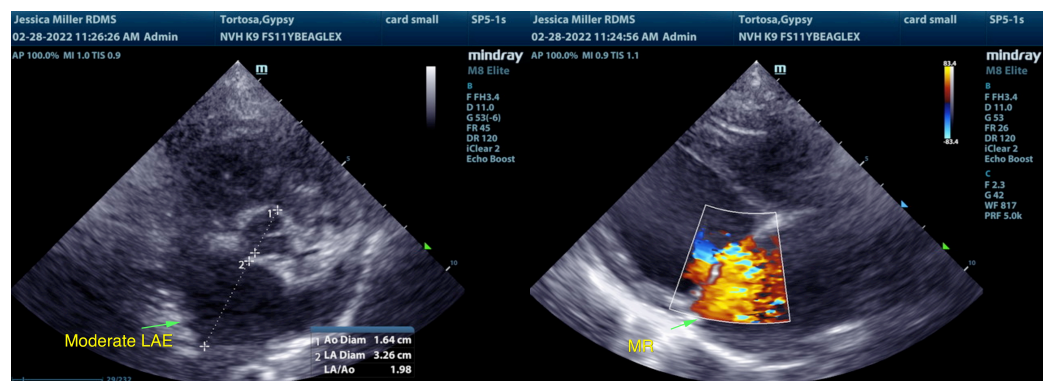
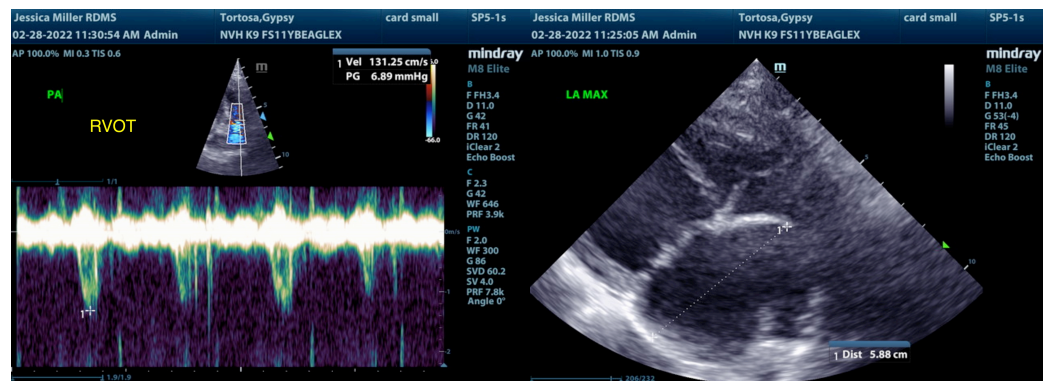
REFERRING VET

Dr. Chabora

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiogram is consistent with chronic degenerative valvular changes and secondary eccentric mitral valve insufficiency. The degree of left atrial enlargement as well as increased left ventricular volume indicate that the hemodynamic effects of the mitral valve insufficiency are moderate, while the degree of left atrial enlargement indicates that the current and future risk going forward is elevated with potential clinical signs associated with congestion. However, the coughing in this patient may be multifactorial in origin if no evidence of radiographic pulmonary edema, including potential mainstem bronchi irritation or compression secondary to LA enlargement.

Pimobendan 0.3 mg/kg PO BID warranted at this stage. Lasix 1-2 mg/kg PO BID at lowest effective dose to control clinical signs recommended if evidence of cardiogenic pulmonary edema, while a weaker diuretic such as Spironolactone 1-2 mg/kg PO BID is suggested if no current evidence of pulmonary congestion. Hydrocodone at appropriate dose also recommended. No other clinical issues such as systolic dysfunction or evidence of clinical pulmonary hypertension was noted. Continued as needed respiratory support advised. Recheck echocardiogram suggested in 6 months, sooner if evidence of progressive clinical signs suggestive of CHF are noted.



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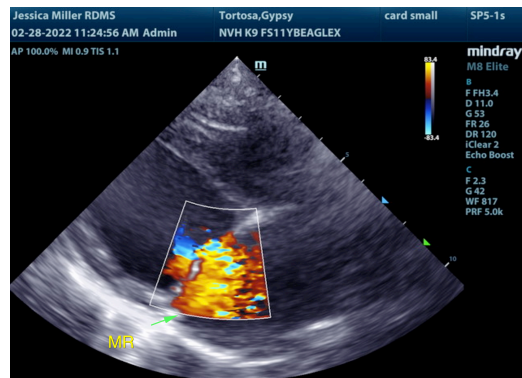
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com