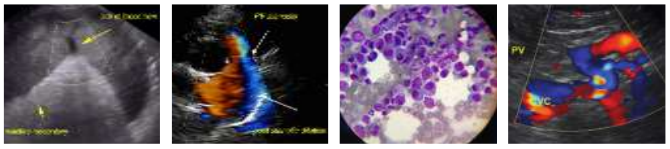
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Brewski Docheriy

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

12 years

WEIGHT

21.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Ridge Road AH

REFERRING VET

Dr. Pathak

INVOICE

13247

DATE

2/3/22

PRESENTING CLINICAL SIGNS

Grade 4/6 heart murmur, no prior echo history. Recently had abdominal ultrasound, report attached for review. Current meds: Enalapril 5 mgs 1 tab PO q 24 hrs in the morning. Butorphanol 1.25 mgs q 12 hrs.

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	5.0	1.0	1.6	1.73	54.2	86.5	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	114	1.1	1.0		3.3	2.8	

Cardiac Presentation

The echocardiogram in this patient demonstrated mild enlarged **left atrial** size based on 3 different LA measurement methods. Subtle deviation of the interatrial septum towards the right atrium suggestive of mild increased left atrial pressure was present. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis with mild prolapse of the septal mitral valve leaflet. 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 subjective minor increased size with normal structure and content and was without overt evidence of masses **Tricuspid** valvular assessment demonstrated vegetative thickening with subjective mild to moderate TV insufficiency. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed overtly normal valve structure, laminar systolic flow with subtle subjective increased diameter compared to the aorta. Color doppler assessment revealed PV insufficiency with an end-diastolic velocity of approximately 2.8 m/s. 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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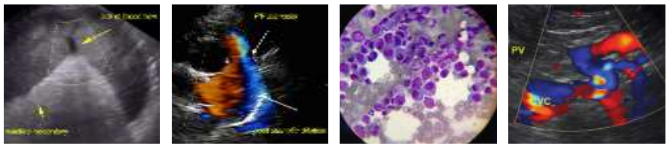

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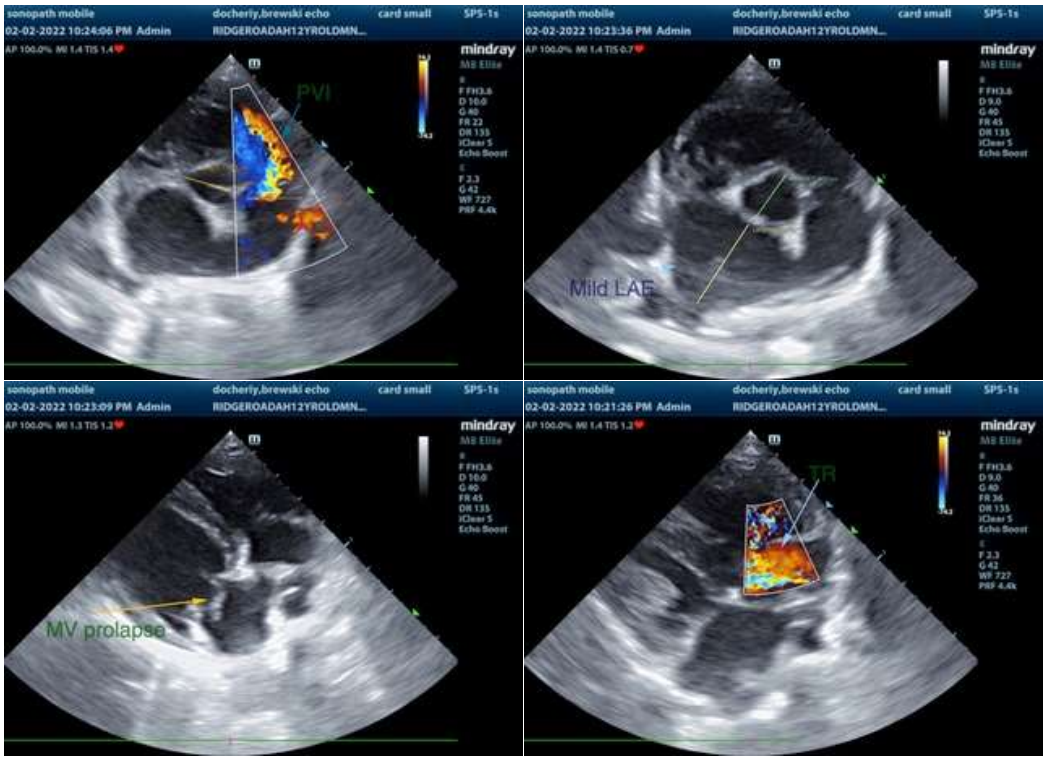
ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B2)
- TV and PV insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is consistent with chronic degenerative valvular changes with secondary MV and TV insufficiency. The mild LA enlargement Indicates that the risk of complication going forward is elevated. The estimated pulmonary pressures based on TV and PV insufficiency are consistent with concurrent mild elevated pulmonary pressure yet not overtly consistent with clinical pulmonary hypertension. The mild elevated pulmonary pressure is suspected to coincide with previously noted minor hepatic vascular congestion and mildly prominent caudal vena cava. This appears to be compensated without concurrent evidence of ascites.

Pimobendan 0.3 mg/kg PO BID is recommended as this medication may help delay the onset of cardiac changes associated with MV insufficiency. Monitoring for evidence of clinical signs suggestive of left-sided heart disease, as well as pulmonary hypertension is recommenced. Rehceck echocardiogram Is suggested In 6 months, sooner if clinical signs consistent with the above are noted.



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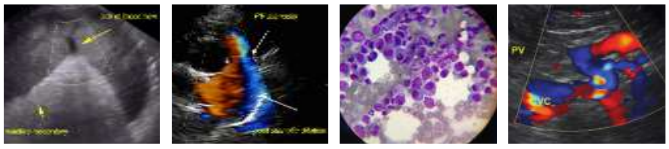

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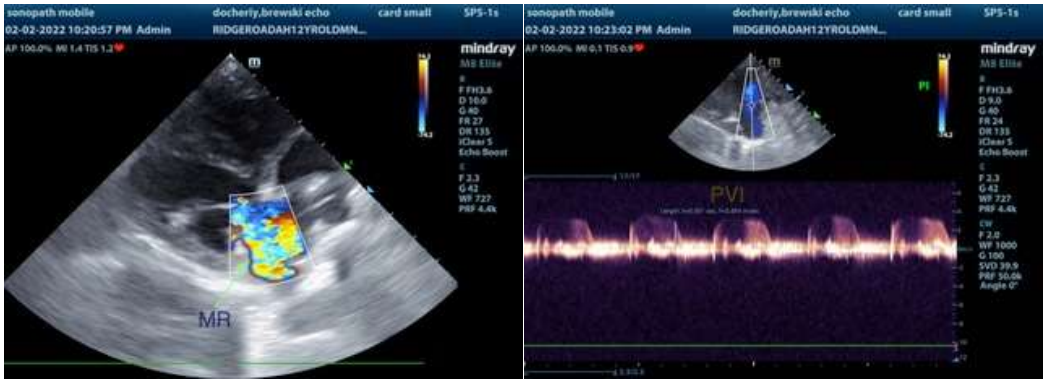

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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