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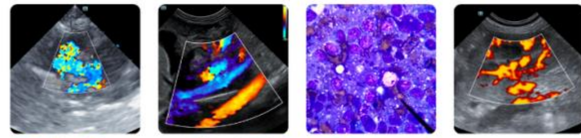


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Tex Feiner

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

Neutered Male

AGE

9 Years

WEIGHT

16 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jill Rumachik

HOSPITAL NAME

Clarity Imaging LLC

REFERRING VET

Dr. Eric Howlett

INVOICE

13602

DATE

02/04/26

PRESENTING CLINICAL SIGNS

- 4-5/6 murmur -- never worked up. On Pimobendan. Some coughing noted at home.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

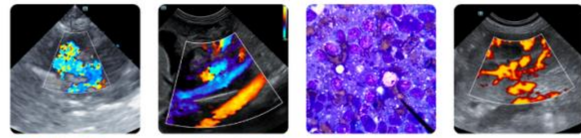
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	--	NM	1.8	48	81	0.4
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (lbs)	**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	NM	1.4	1.0	16.0	4.4	3.3	--

Cardiac Presentation

The echocardiogram in this patient demonstrated moderate to severe increased **left atrial** dimension based on 2 different LA measurement methods with associated intra-atrial septal deviation. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis. Doppler indicated significant eccentric insufficiency. The **left ventricle** presented normal thicknesses with linear contour and moderate to severe increased LV dimension and sphericity. 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 cardiac / pericardial tumors was visible. No overt arrhythmia.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM Stage B2 + - C).



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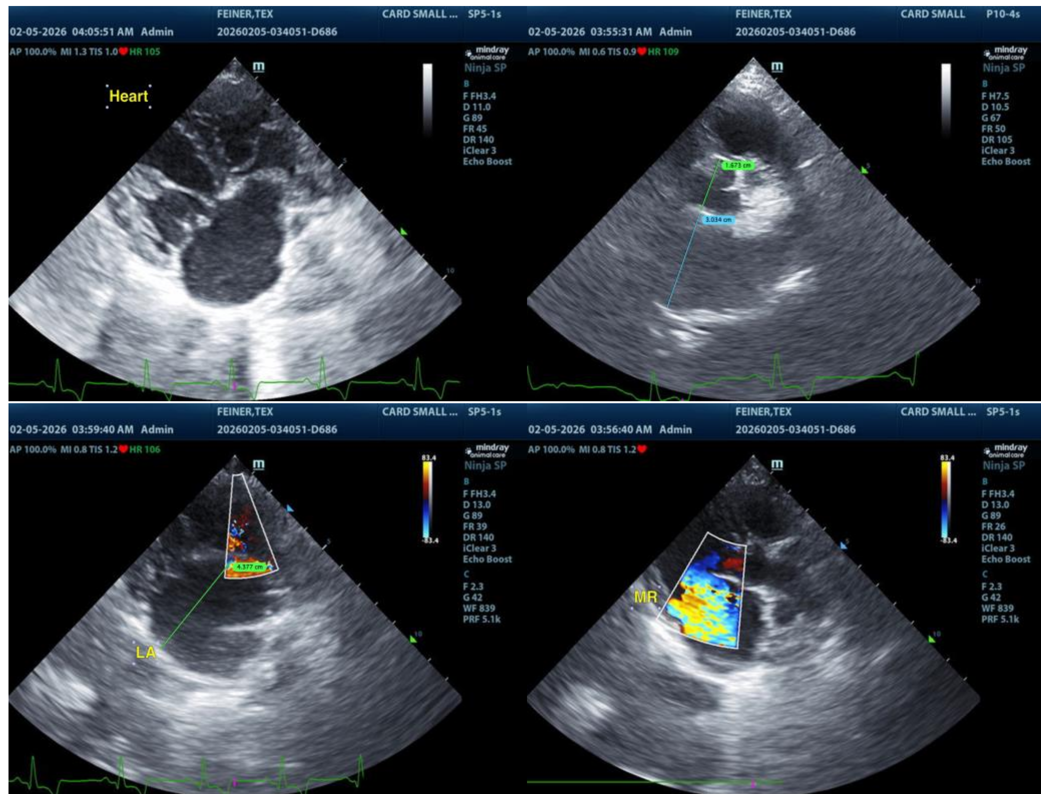
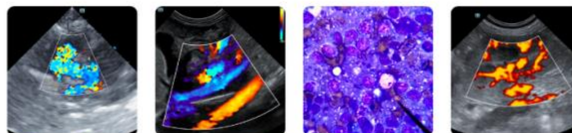
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The left atrial enlargement implies that the risk of complication secondary to mitral valve insufficiency is significantly elevated with possible clinical signs secondary to volume overload. Continued **Pimobendan** 0.3 mg/kg BID, LASIX at lowest effective dose 1-2 mg/kg PO BID and **ACEI** 0.50 mg/kg SID is recommended. Antitussive medication if coughing is suggested. The coughing may be secondary to early congestion or main stem bronchi irritation secondary to LA enlargement assuming no clinical history of lower airway disease. Omega fatty acid supplementation and mild salt restriction may be beneficial. Serial monitoring of resting respiration rate is recommended. Exercise restriction is advised. Prognosis is considered guarded / variable and sonographic monitoring is recommended. Recheck echo cardiogram is suggested in 6 months, sooner if progressive clinical signs. Elective anesthesia is not advised.





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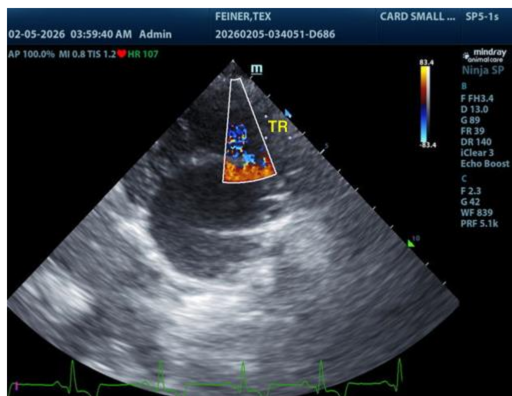

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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