PATIENT

Ani Nardone

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

16 Years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse LVT CVT

HOSPITAL NAME

Hamburg Veterinary Clinic

REFERRING VET

Dr. Branning

INVOICE

13623

DATE

02/05/26

PRESENTING CLINICAL SIGNS

- Syncopal episodes
- grade 3-4 HM

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	5.7	3.5	NM	1.46	50	82	0.2
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	NM	1.8	1.1	NP	3.7	3.9	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis. Minor septal leaflet prolapse. Doppler indicated measurable significant eccentric MR. 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 mild thickening with TR on doppler (estimated approximately 50 mm of mercury of pressure). 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 evidence of arrhythmia.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease with minor valve prolapse (B1).
- Mild to moderate pulmonary hypertension.

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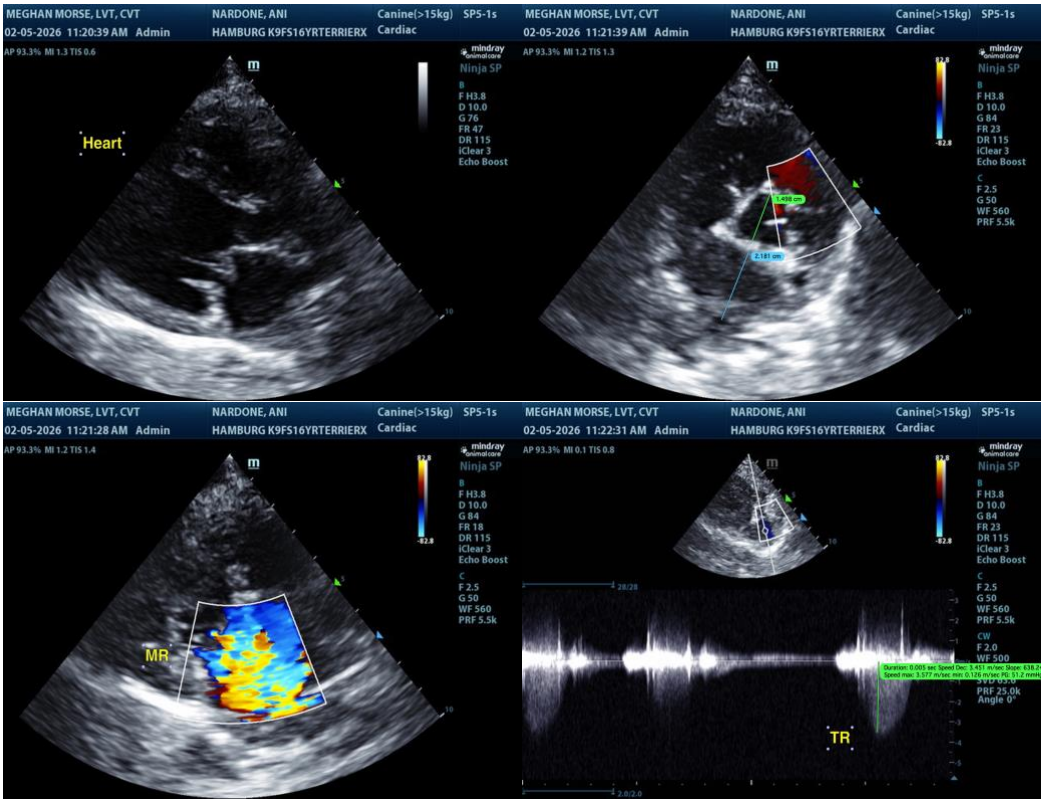
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of LA enlargement indicates that the current and future risk of complications secondary to MR at this stage appears low. No obvious indication for cardiosupportive medications i.e. Pimobendan or diuretic therapy at this stage. MR prognosis is considered highly variable and sonographic monitoring is advised.

The primary contributing factor to the patient's reported clinical signs is mild to moderate pulmonary hypertension. Sildenafil trial 1.0 to 2.0 mg/kg PO BID with concurrent exercise restriction and limited excitement with assessment of response is recommended. If evidence of progressive pulmonary hypertension or emerging left heart volume overload i.e. elevated resting respiration rate, recheck echocardiogram recommended sooner.

Current anesthetic risk is considered moderate. If required, the following protocol is suggested with close clinical monitoring, judicious IV fluid use and limited anesthetic time. Recheck echo is suggested in six months if stable. 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.



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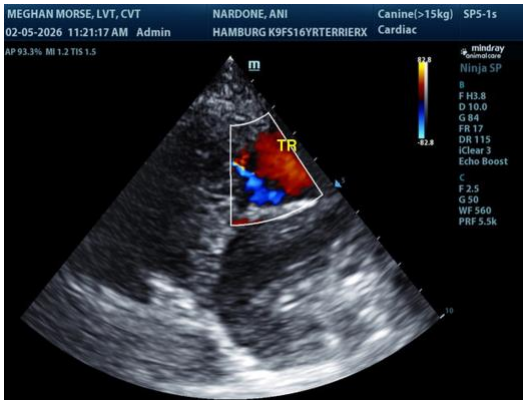

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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