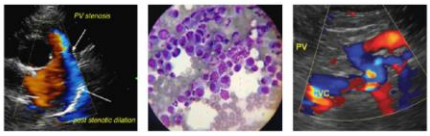
IMAGING PERFORMED BY
SVS Mobile Imaging 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Tea-Ka Wamser

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

8 Years

WEIGHT

11.8lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gromalak

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Ellenberger

INVOICE

50114

DATE

2-6-22

PRESENTING CLINICAL SIGNS

Chronic intermittent cough previous believed to be related to tracheal collapse. Cough worsened in the past month, more with excitement Exam findings and abnormal lab values: Grade 4/6 murmur PMI on the left. No audible arrythmia. Radiograph- VHS 10 with tracheal elevation, lung fields appear clear/no obvious edema. Started trial of furosemide on 2/2/2022 12.5 mg - 1/2 pill BID- unsure if any improvement in cough at this time Question you want answered with an ultrasound: Significance of murmur, any intervention recommended. Comment or Message: scheduled for dental cleaning in march- any anesthetic considerations?

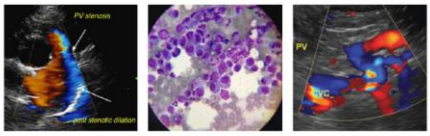
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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		1.21	1.23	45.5	80.2	0.2
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	171	0.9	0.8		2.34	2.2	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable 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 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
SVS Mobile Imaging 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Tea-Ka Wamser

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

8 Years

WEIGHT

11.8lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gromalak

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Ellenberger

INVOICE

50114

DATE

2-6-22

ULTRASONOGRAPHIC FINDINGS

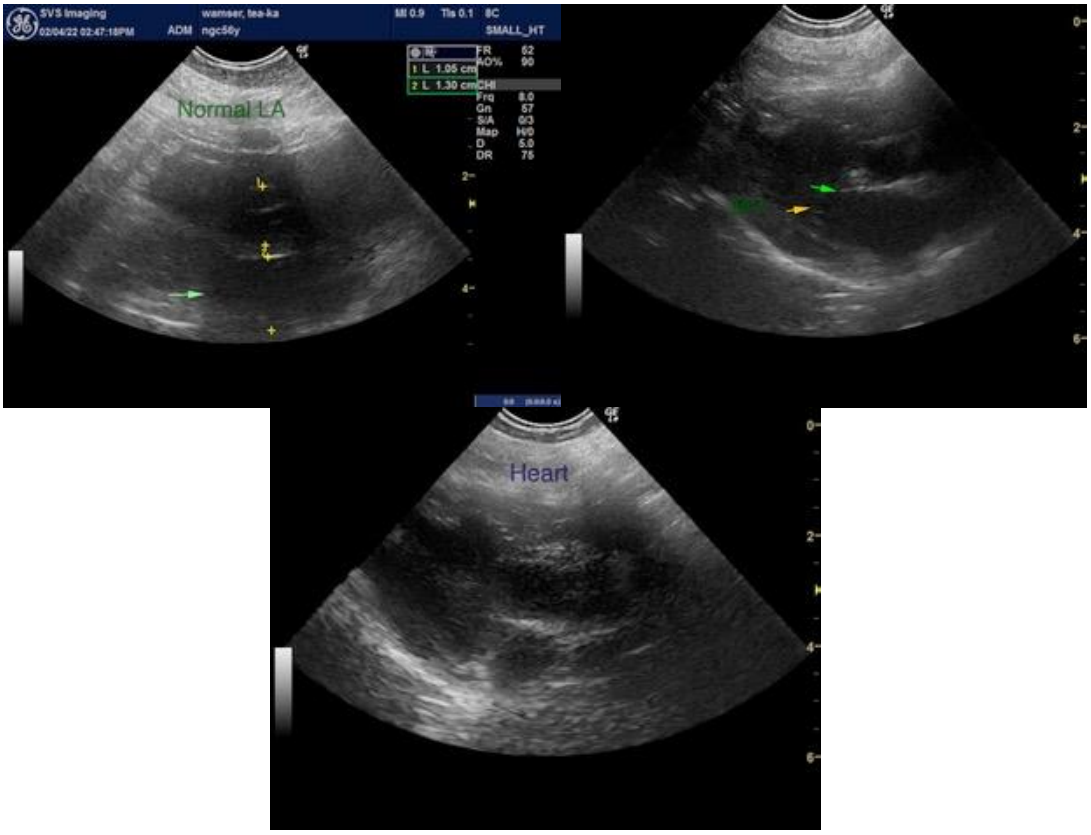
- Chronic mitral valve disease (ACVIM b1).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

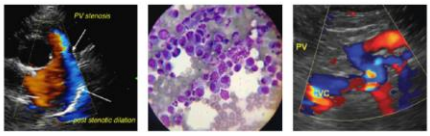
The cause of the murmur is most consistent with chronic degenerative valvular changes and secondary mitral valve insufficiency. No other clinical issues such as significant left or right heart chamber enlargement, systolic dysfunction, or overt evidence of clinical pulmonary hypertension were noted. The lack of left atrium enlargement secondary to mitral valve insufficiency indicates that the relative risk of current complication is low. Likewise, the lack of left or right heart chamber enlargement or clinical pulmonary hypertension suggests that the coughing in this patient is noncardiogenic in origin. In a patient without evidence of significant chamber enlargement, specific cardiac medications are not overtly indicated. Conservative monitoring of the murmur at this stage would be reasonable. No anesthetic contraindications based on the study although potential for fluid overload in this patient under anesthesia may be mildly elevated, judicious IV fluid use under anesthesia advised.

Recheck echocardiogram suggested in six months, sooner if clinical signs suggestive of left heart disease arise.

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.



IMAGING PERFORMED BY
SVS Mobile Imaging 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Tea-Ka Wamser

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

8 Years

WEIGHT

11.8lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gromalak

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Ellenberger

INVOICE

50114

DATE

2-6-22

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