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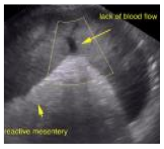
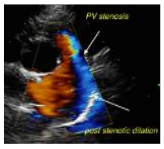
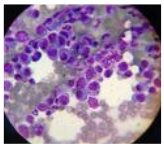
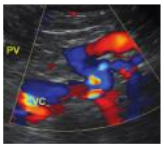

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1-800-838-4268 info@sonopath.com

PATIENT
Olive Tracy

SPECIES
Canine

BREED
Dachshund X

SEX
Spayed Female

AGE
10 Years

WEIGHT
25 Lbs.

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

IMAGING PERFORMED BY
Hunt

HOSPITAL NAME
Bayshore VH

REFERRING VET
Dr. Tim Hunt

INVOICE
13844

DATE
2/7/22

PRESENTING CLINICAL SIGNS

History: Coughing over wkd

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	5.8	--	NM	1.52	55	89.8	0.3
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	NM	NM	NM	--	4.7	4.0	--

Cardiac Presentation

The echocardiogram for this patient presented mildly excessive **left atrial size** expressed both in the LA/AO and LA max measurements. Subtle deviation of the intra-atrial septum towards the right atrium suggestive of mild increased left atrial pressure was present. Cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable 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 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.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B-2)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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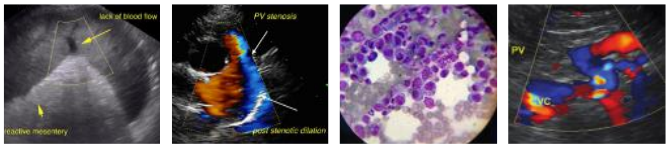

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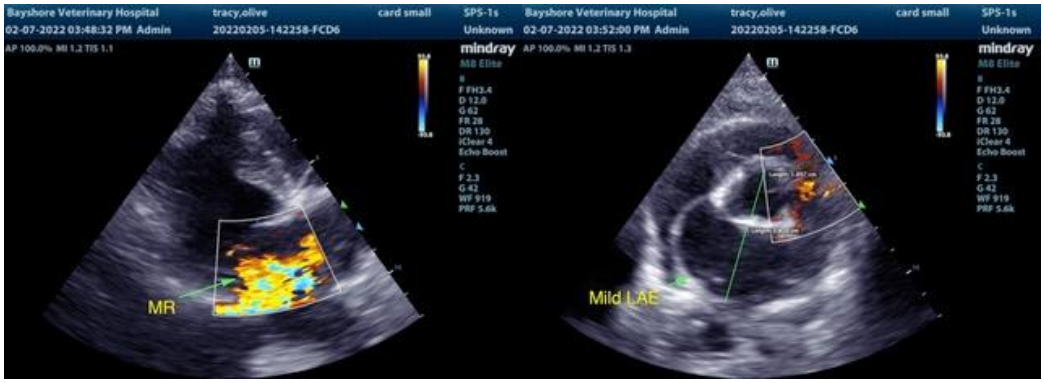
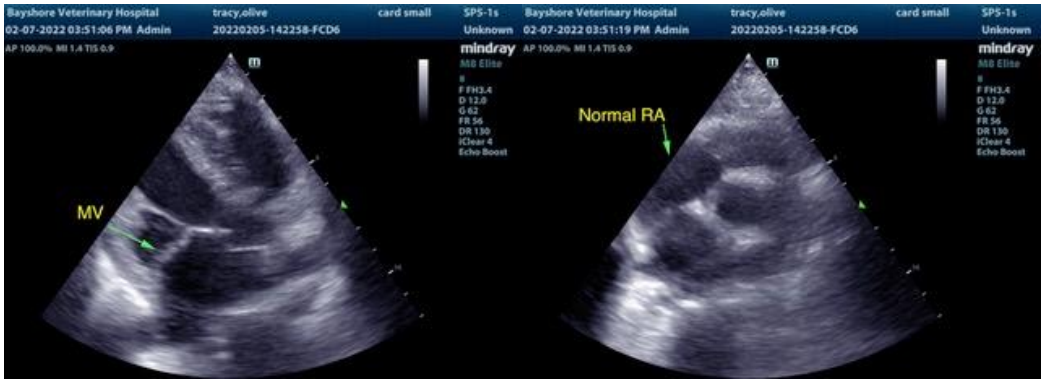
Although a murmur was not reported, echocardiogram consistent with mild chronic degenerative valvular changes and secondary eccentric mitral valve insufficiency. The mild left atrium enlargement indicates that the relative risk of complications, secondary to mitral valve insufficiency, is mildly elevated going forward. Overall, the heart appears to be compensated with the degree of left atrium enlargement not consistent with the degree of left atrial enlargement that would result in pulmonary edema. Potential for minor mainstem bronchi irritation may be possible. No other clinical issues, such as systolic dysfunction or overt evidence of clinical pulmonary hypertension were present. Given the overall appearance of the heart, noncardiogenic cough is suspected, although multifactorial component to the cough may be possible. Pimobendan at 0.3 mg/kg PO BID suggested at this stage, as this medication may help prolong cardiac changes associated with mitral valve insufficiency. Three-view chest radiographs suggested to assess for potential lower airway component to the cough. Hydrocodone, at appropriate dose, may prove beneficial. Recheck echocardiogram suggested in 6 months or sooner if clinical signs consistent with heart disease (elevated resting respiration rate, exercise intolerance, syncope, etc.) are noted.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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info@SonoPath.com

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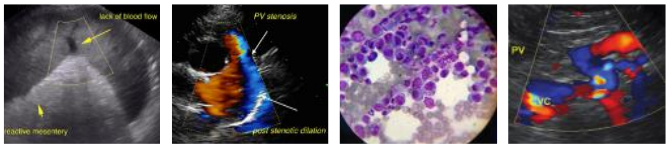

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