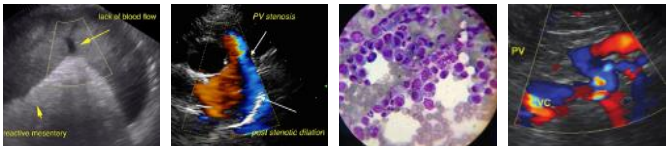
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Peaches Lilley

SPECIES
Canine

BREED
Cavalier King Charles

SEX
FS

AGE
6 Years

WEIGHT
21.8lbs

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

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Westwood Regional VH

REFERRING VET
Dr. Goldman

INVOICE
50129

DATE
2-7-22

PRESENTING CLINICAL SIGNS

No reported clinical sign or murmur, patient needs a dental.

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	<1.0	NM	1.46	36.0	67.1	0.22
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	117	1.3	0.83		3.5	3.2	

Cardiac Presentation

The echocardiogram in this patient demonstrated mildly enlarged **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 eccentric insufficiency. The **left ventricle** presented thicknesses with linear contour with subtle subjective increase left ventricle volume. 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 subjective mild thickening with mild TR present on Color Doppler assessment. 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 early b2)
- Minor TR - estimated pulmonary pressure gradient not consistent with clinical pulmonary hypertension.

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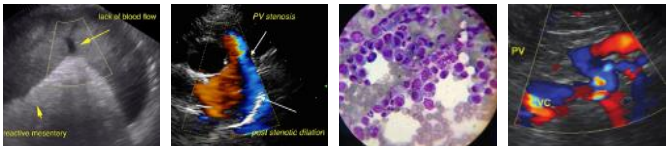

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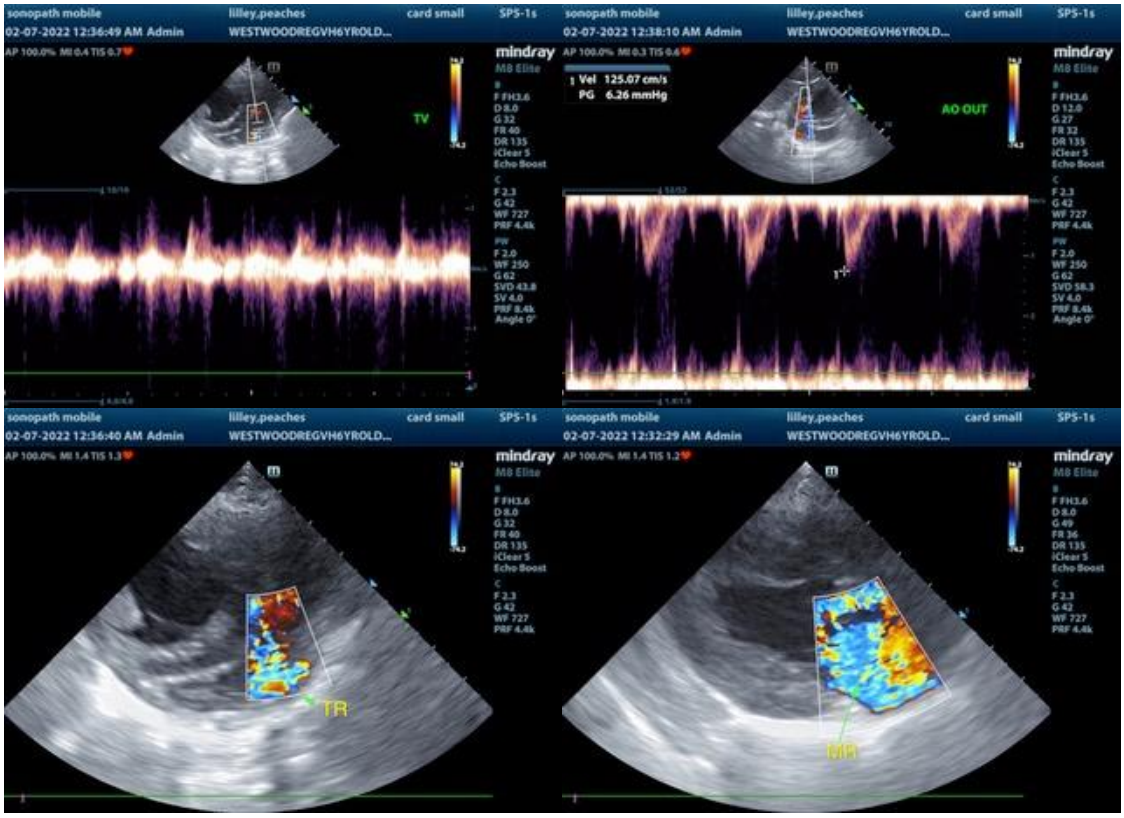
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Echo consistent with mild chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The mild left atrium enlargement indicates that the risk of complication going forward is mildly elevated yet overall, the heart appears to be compensated. Prognosis at this stage is highly variable and serial echocardiographic monitoring is required for further prognosis. In a nonclinical patient without evidence of significant chamber enlargement, cardiac medications are not specifically indicated. No overt anesthetic contraindications although this patient may be at some elevated risk for fluid overload under anesthesia.

The following anesthetic protocol is suggested with judicious IV fluid use:

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

Recheck echocardiogram suggested in 6 months, sooner if clinical signs suggestive of cardiac disease such as increased resting respiration rate, coughing, exercise intolerance, etc., are noted.



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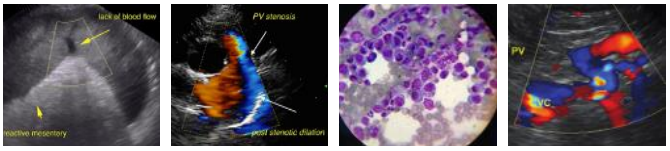

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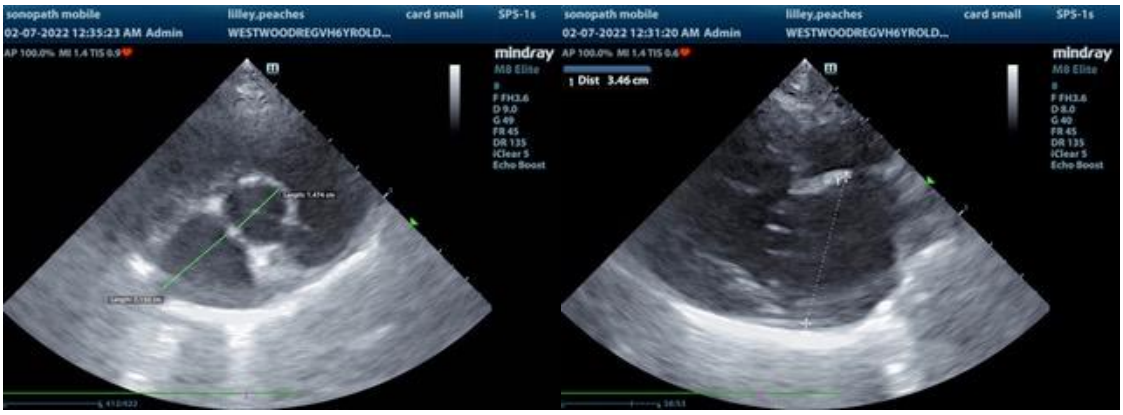

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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