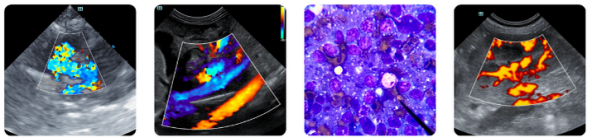

PATIENT

Rocky Castillo

SPECIES

Canine

BREED

Beagle Mix

SEX

Male Neutered

AGE

14

WEIGHT

43

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

13279

DATE

3/13/26

PRESENTING CLINICAL SIGNS

History:

- Urinating/defecating on himself decreased appetite, coughing O reports he passed out and she had to do CPR. Just had abd u/s 3/3/26

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	--	--	--	1.1	42	76	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	1.5	1.4	--	3.7	3.0	--

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. Doppler indicated mild eccentric insufficiency. The **left ventricle** presented normal 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 mild increased size with normal structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated thickening with TR noted on doppler. TR velocity measured ~3.3 m/s. (estimated 44 mmHg pressure). The **right ventricle** exhibited mild increased size compared to the LV. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). Normal measured RVOT velocity. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of cardiac / pericardial tumors was visible. No evidence of hepatic congestion or arrythmia.

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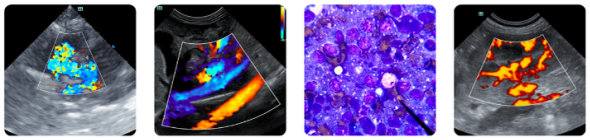

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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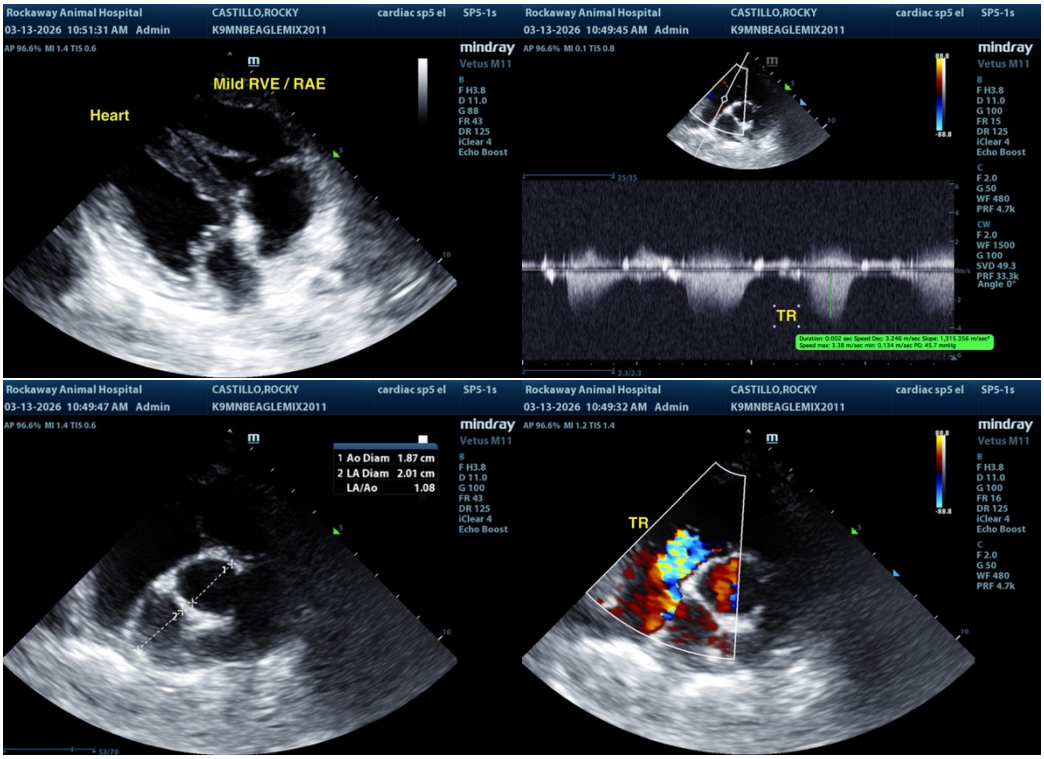
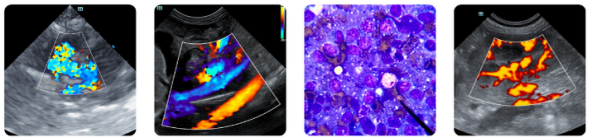
ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (B1)
- Mild pulmonary hypertension with mild RA/RV enlargement

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of LA enlargement indicates the current and future risk of complication secondary to MR is low. Aside from documented heartworm infection, the underlying etiology of pulmonary hypertension may be unclear. Chronic lower airway disease may be suspected given coughing and if negative heartworm testing. Overall, the right heart changes appear compensated at this stage. Given potential clinical signs associated with pulmonary hypertension. Sildenafil trial 1-2 mg/kg BID is warranted with clinical monitoring. ECG suggested to assess for/rule out paroxysmal arrythmia is a potential contributing factor. Sonographic monitoring advised for further assessment and prognosis. Recheck echo suggested in 6 months, sooner if progressive clinical signs which may suggest progressive pulmonary hypertension. Anesthetic risk is considered mild to moderate. If required, the following protocol is suggested. 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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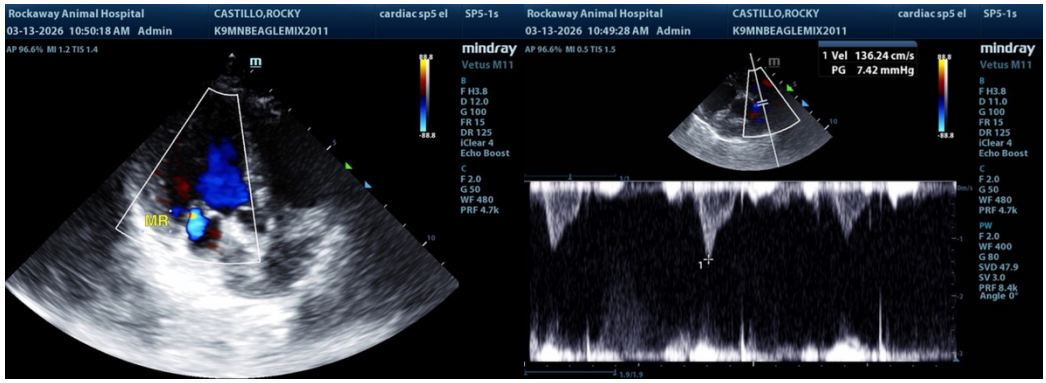

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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