

PATIENT

Tessa McCloskey

SPECIES

Canine

BREED

Pitbull Mix

SEX

FS

AGE

12 yrs

WEIGHT

65

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Carlos Abdul-Chani

HOSPITAL NAME

Byram AH

REFERRING VET

Dr. Lind-Wilson

INVOICE

10684

DATE

3/17/26

PRESENTING CLINICAL SIGNS

History:

- Murmur appreciated (4/6)
- Not Clinical, Owner wants to check extent of heart disease
- Current Meds: Carprofen 100 mgs 1 SID ; Gabapentin 400 mgs and Trazodone 100 mgs

Abnormal PE/Chem/CBC/UA Results: Abnormal CHEM/CBC = N/A Abnormal UA = N/A

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	5.2	-	-	1.85	50	82	0.5
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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	2.0	1.1	65	4.5	4.7	-

Cardiac Presentation

The echocardiogram in this patient demonstrated moderate increased **left atrial** size based on 2 different LA measurement methods with minor deviated interatrial septum. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis. Doppler indicated measurable significant eccentric MR (MR velocity 5.2 m/s). The **left ventricle** presented thicknesses with linear contour and moderate increased LV dimension. 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,



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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.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (B2)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The left atrial enlargement implies that the risk of complications secondary to mitral valve insufficiency is elevated, yet overall the heart appears stable. No other clinical issues such as LV systolic dysfunction or clinical pulmonary hypertension. Pimobendan 0.3 mg/kg BID is recommended. No overt indication for additional medication. Prognosis is considered variable and sonographic monitoring is recommended. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs arise. Anesthetic risk is considered moderate, yet likely mildly reduced once on Pimobendan for 3-5 days. If required, the following protocol is recommended with judicious IV fluid administration.

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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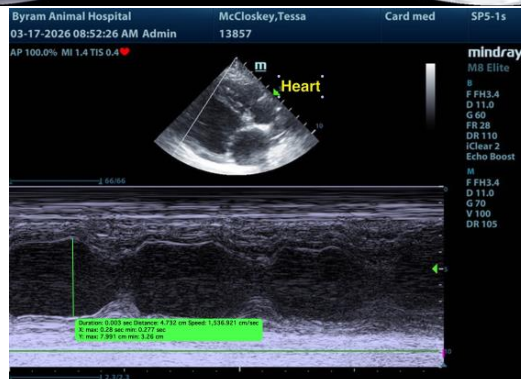
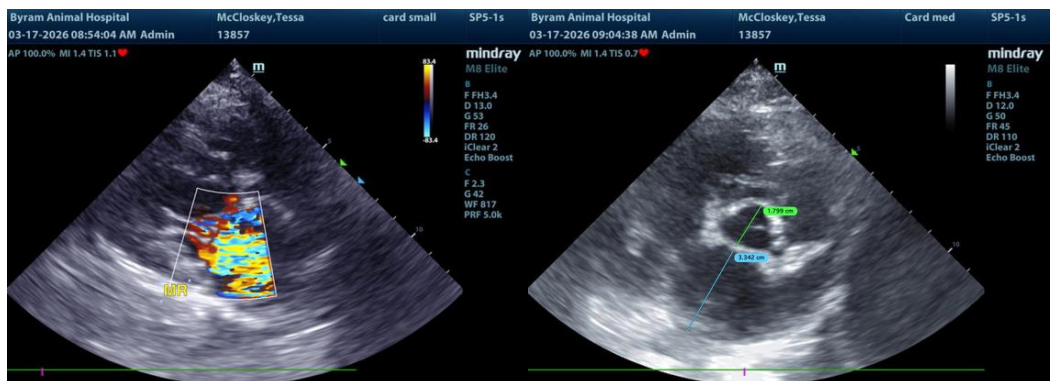
Dr. Lind-Wilson

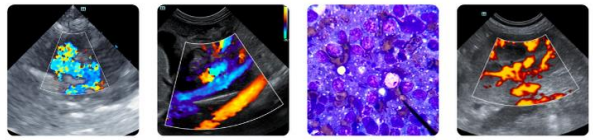
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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