



PATIENT

Kindle Presing

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

FS

AGE

4 years

WEIGHT

16.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Willowbrook AC

REFERRING VET

Dr. Palescandolo

INVOICE

16423

DATE

3/22/23

PRESENTING CLINICAL SIGNS

Heart murmur 3.5/5

Current meds: Cardalis 40mg, Butorphanol 5mg

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT	5.3		2.2	2.0	55	86	0.2
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)	(kg)	2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	191	1.5	1.0		4.2	3.8	

Cardiac Presentation

The echocardiogram in this patient demonstrated moderately enlarged **left atrial** size based on 3 different LA measurement methods. Deviation of the interatrial septum towards the right atrium, suggestive of increased left atrial pressure, was present. The cranial and caudal **mitral** valve leaflets presented moderate thickening consistent with endocardiosis. No evidence of valvular prolapse was noted. Doppler indicated measurable moderate eccentric insufficiency. The **left ventricle** presented normal thicknesses with linear contour with moderately increased LV 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 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.



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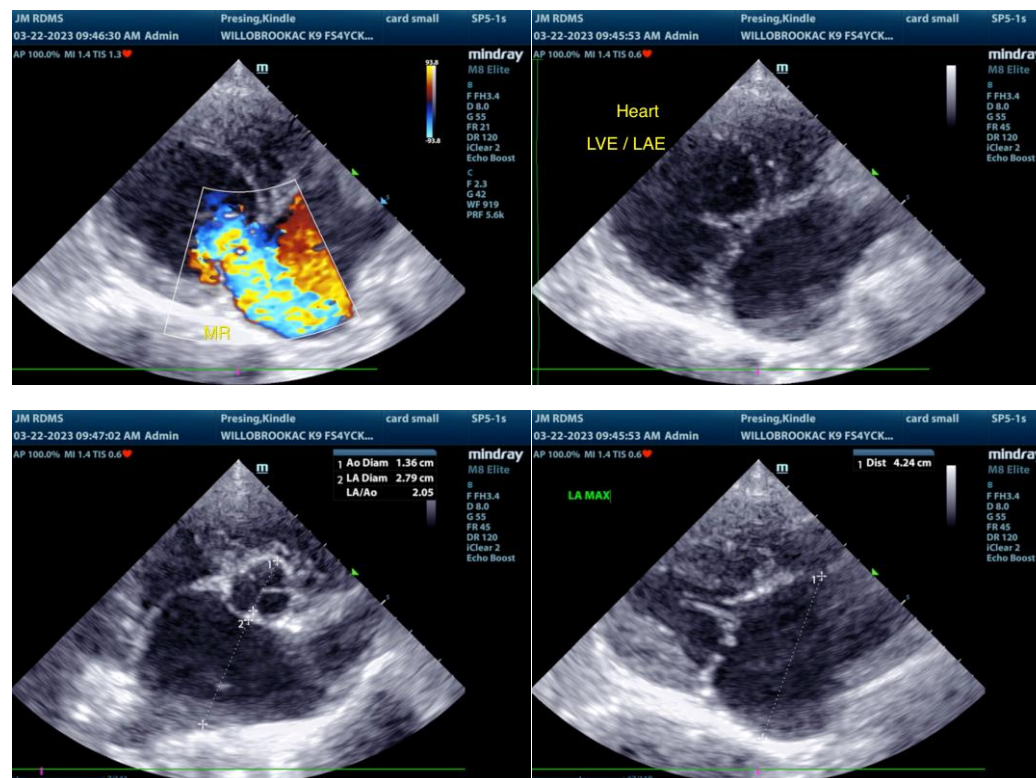
ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B2)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The moderately increased size of the LA and LV indicates that the risk of complication secondary to MR is moderately elevated. No other clinical issues such as LV systolic dysfunction or evidence of clinical pulmonary hypertension were noted.

Vetmedin 0.3 mg/kg PO BID is recommended. Prognosis is highly variable and serial sonographic monitoring for evidence of progression is advised. Omega-3 Fatty Acids and mild salt restriction may prove beneficial. Baseline monitoring of resting respiration rate is suggested. Recheck echocardiogram is recommended in 6 months, sooner if clinical signs consistent with heart disease arise.





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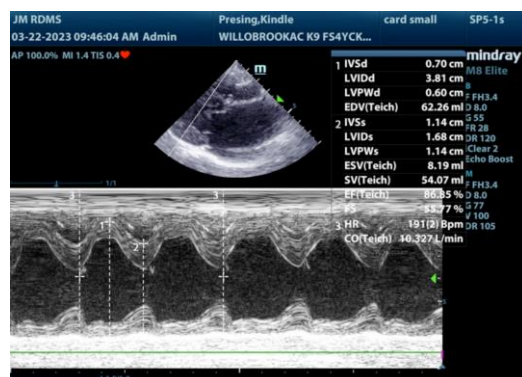
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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