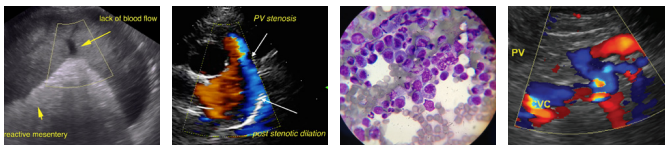
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Gracie Segling

SPECIES
Canine

BREED
Maltese X

SEX
Spayed Female

AGE
5 Years

WEIGHT
14.9 Pounds

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

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Legacy AH

REFERRING VET
Dr. Kristin Pontenzone

INVOICE
35877

DATE
3/3/22

PRESENTING CLINICAL SIGNS

History of mild cardiomegaly and elevated ProBNP 1400+. Needs a dental.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem: WNL.

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	5.2	1.0	NM	1.39	45.9	79.1	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	83	1.6	1.1		2.78	2.67	

Cardiac Presentation

The echocardiogram for this patient presented minor excessive **left atrial size** expressed both in the LA/AO and LA max measurements. Chamber volumes and echogenicity were essentially normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable eccentric insufficiency. No evidence of valvular prolapse or chordae tendineae rupture. 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 revealed mild thickening with mild TR. 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

- Compensated chronic mitral valve disease (ACVIM B1/early B2)
- Minor TR – estimated pulmonary pressure gradient not consistent with clinical pulmonary hypertension.

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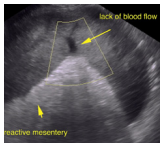

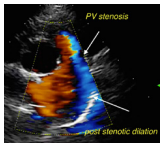

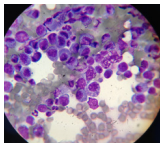
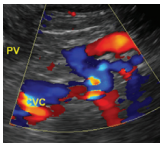

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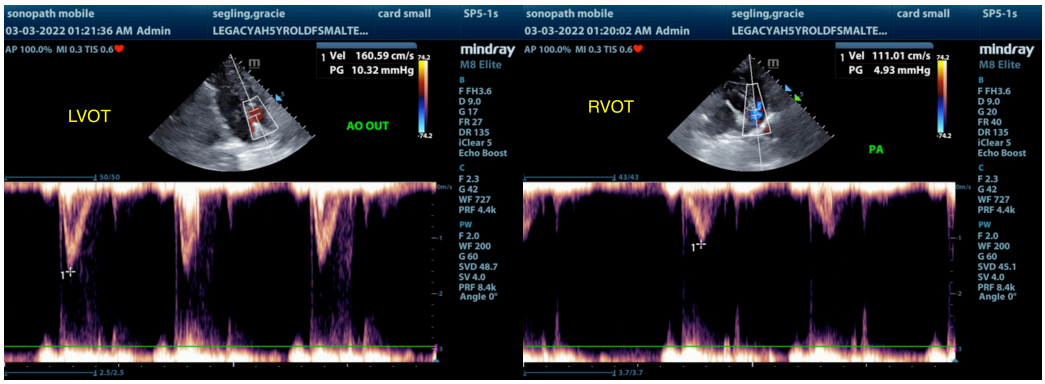
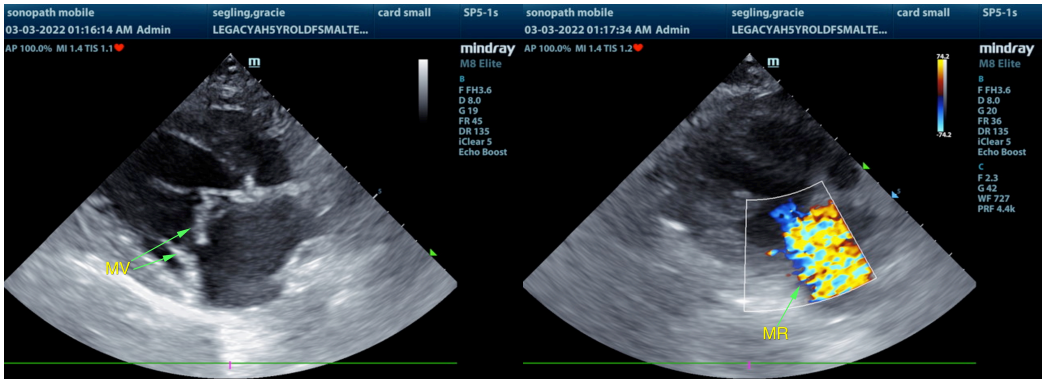
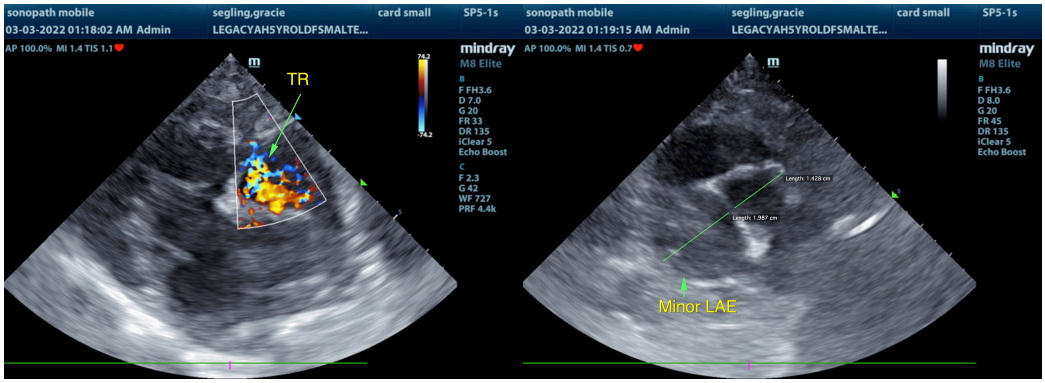
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The lack of significant left atrial enlargement implies that the risk of complication secondary to mitral valve insufficiency is relatively low at this time and, without current clinical signs, indicates that medical therapy is not overtly required. However, prognosis is highly variable. Conservative monitoring at this stage is recommended with a recheck echocardiogram in 6 months for further prognosis, sooner if clinical signs suggestive of heart disease arise.

No overt anesthetic contraindications. However, this patient may be at mild increased risk for fluid overload under anesthesia. The following anesthetic protocol is recommended 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. Screening blood pressure recommended prior to anesthesia.







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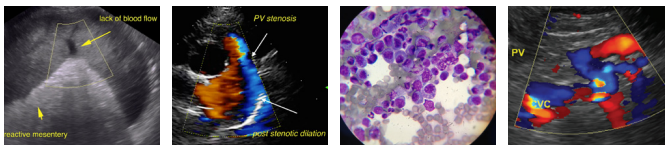

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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