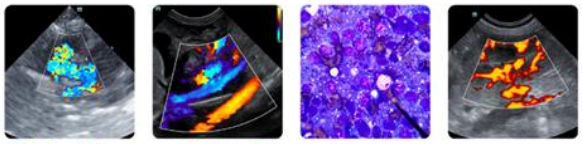

PATIENT

Pesto Parmigiani

SPECIES

Canine

BREED

Chi

SEX

FS

AGE

14

WEIGHT

15.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr Scheiss

INVOICE
24107

DATE
03/04/2026

PRESENTING CLINICAL SIGNS

re check prev echo 9/11 crackles heard , increased coughing xrays show concern for early CHF

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	5.4	--	--	1.6	45	77	0.25
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	NM	0.8	15.4	2.9	2.7	--

Cardiac Presentation

The echocardiogram in this patient demonstrated borderline to mild increased left atrial size with minor interatrial septal deviation based on 2 different LA measurement methods. The cranial and caudal mitral valve leaflets presented thickening consistent with endocardiosis. No overt valvular prolapse. Doppler indicated measurable moderate eccentric insufficiency. 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 demonstrated mild thickening with mild TV insufficiency on Doppler. 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 cardiac / pericardial tumors was visible. No evidence of arrythmia or hepatic congestion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Chronic mitral valve disease (mild B2)
- TV insufficiency - no evidence of clinical pulmonary hypertension

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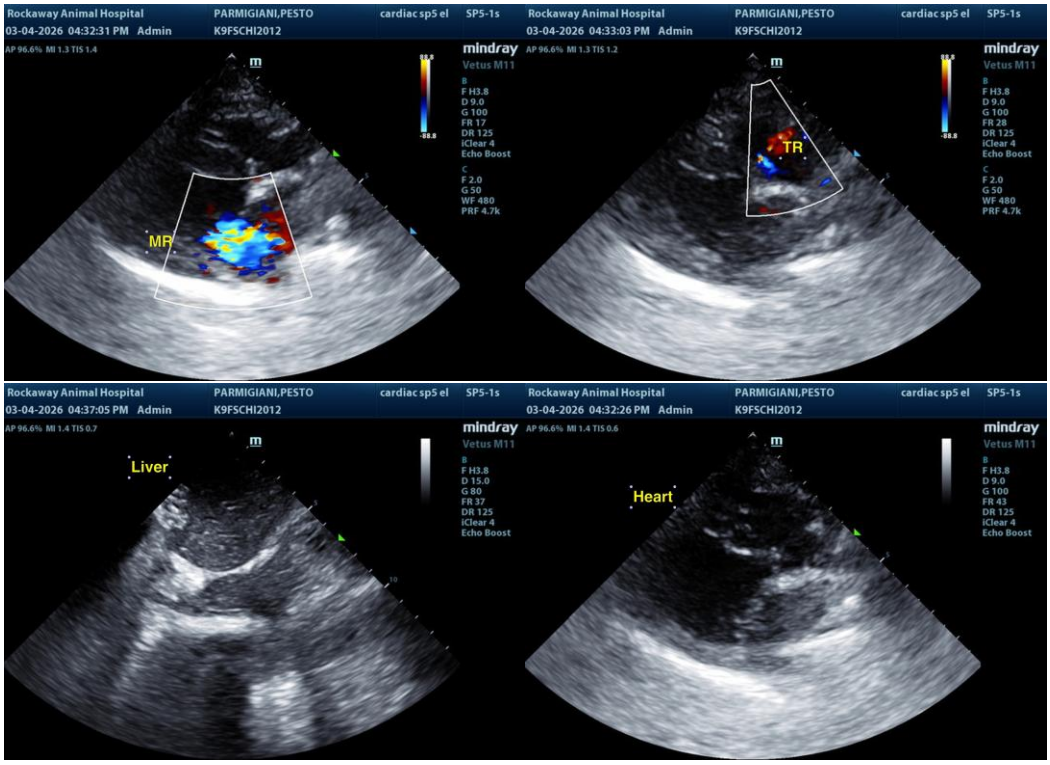
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild increased LA dimension indicates the current and future risk of complications secondary to MR is mildly elevated, yet overall, the heart appears to be compensated. The lack of left heart volume overload or clinical pulmonary hypertension indicates that the respiratory signs of this patient are most likely non-cardiogenic in origin.

If currently instituted, continued cardiac therapy, including Vetmedin, ACE inhibitor, and lowest effective dose of diuretic therapy with monitoring of clinical response and renal parameters is recommended. Concurrent respiratory support and correlation with three view chest radiographs is indicated.

Cardiac prognosis remains variable and sonographic monitoring is advised. Recheck echo is recommended in 6 months, sooner if clinically indicated. Cardiac anesthetic risk is considered mild, 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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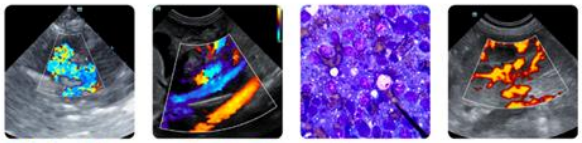

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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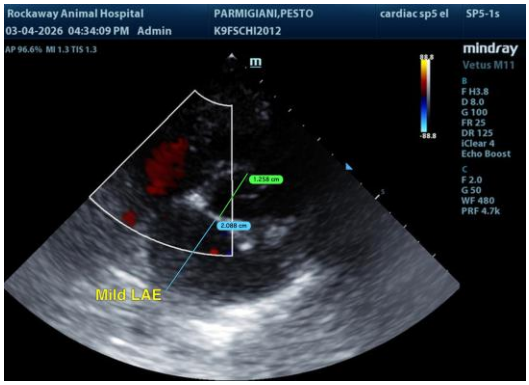

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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