



PATIENT PRESENTING CLINICAL SIGNS

Romeo McAden

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

13 Years 2 Months

History: PRESENTED FOR: Oral mass excision, extractions, and dental cleaning. HISTORY: Romeo has a history of an aggressive large cell lymphoma diagnosis from histopathology of spleen (splenectomy) and mesenteric lymph node biopsy 8/20/19. History of seizures. History of mild steroid hepatopathy. REPORTED SYMPTOM: Pain associated with the oral mass. VITALS: 6.68 pounds Temperature: 102.0 (normal range is 99.5 F- 102.0 F) Heart Rate: 120 bpm (normal is 70-80) Respiratory Rate: 100 (panting) bpm (normal is 15-25) Mucous Membrane Color: pink Capillary Refill Time: <2 seconds CURRENT MEDICATIONS: Gabapentin Oral Suspension (0.6ml by mouth twice daily) Clindamycin (1/2 tab twice daily). -aw EXAM FINDINGS: Romeo has a history of stage BI valvular disease based on ultrasound performed 8/20/19. Chronic heart murmur that has increased from grade II/VI to grade III/VI left apical holosystolic. Harsh lung sounds. No crackles or wheezes ausculted. An approx 2.5x3 cm mass is present on the gingiva on the left maxillary mucosa. Both upper 4th premolars are loose - 108 and 208. Severe dental disease. Body score 3/9, with recent weight loss The right ear canal is occluded with exudate. Nuclear sclerosis. Grade III Medial Patella Luxation (Bilaterally) Pain on deep muscle palpation of the lumbar spine and hips. Pigmented, crusting, and patchy alopecia on muzzle, dorsal head, neck, thorax, lumbar area, and rump. LAB RESULTS: CBC-mild anemia, leukocytosis resulting from a neutrophilia and monocytosis. Chemistry- Low total T4. Clotting panel-PT is normal. The aPTT is prolonged at 125.9 (75-105). ASSESSMENT AND PLAN: Echocardiogram performed to assess anesthetic risk for oral mass excision, extractions, and dental cleaning.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

WEIGHT

6.68 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Holly, LVT

HOSPITAL NAME

All Pets Medical Center

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	5.0	--	1.3	1.27	54.4	89.2	0.18
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	NM	<2.0	0.91	--	1.8	1.6	--

REFERRING VET

Agnes Rupley, DVM

INVOICE

14243

DATE

3/8/22

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable 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



PATIENT

Romeo McAden

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

13 Years 2 Months

WEIGHT

6.68 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Holly, LVT

HOSPITAL NAME

All Pets Medical Center

REFERRING VET

Agnes Rupley, DVM

INVOICE

14243

DATE

3/8/22

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.

ULTRASONOGRAPHIC FINDINGS

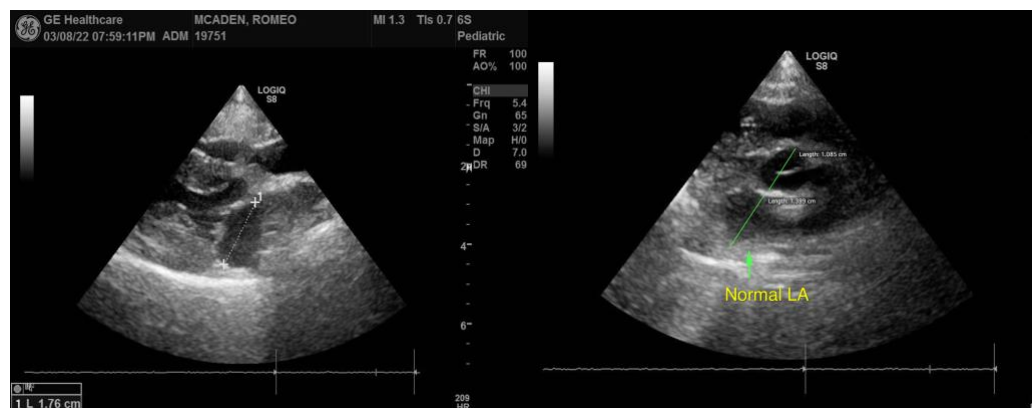
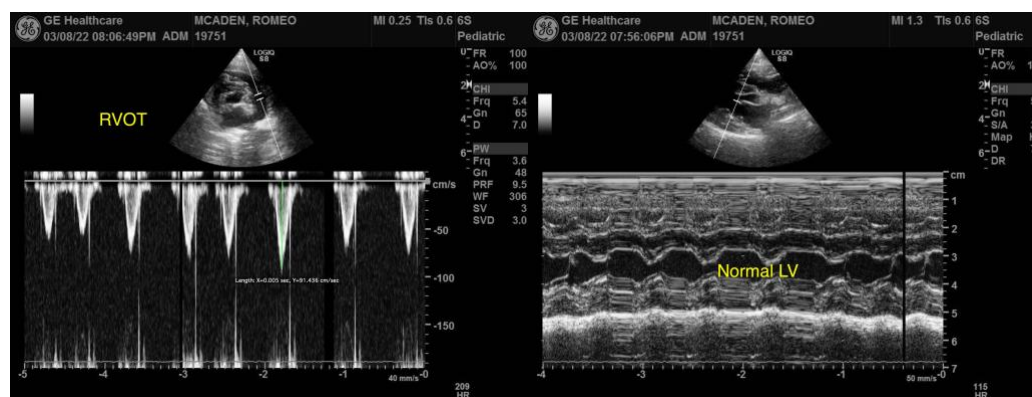
- Compensated chronic mitral valve disease (ACVIM B-1)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The study is consistent with previous diagnosis of compensated chronic mitral valve disease without evidence of progression from stage B-1. No other clinical issues, such as systolic dysfunction or evidence of clinical pulmonary hypertension were noted. In a nonclinical patient, without evidence of left heart chamber enlargement, cardiac medications are not specifically indicated. No indication for cardiogenic pulmonary edema. Likewise, no overt anesthetic contraindications based on the study. Recheck echocardiogram suggested in 6 months or sooner if clinical signs consistent with heart disease arise. The following anesthetic 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.

<https://www.antechdiagnostics.com/cadet-braf>





PATIENT

Romeo McAden

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

13 Years 2 Months

WEIGHT

6.68 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Holly, LVT

HOSPITAL NAME

All Pets Medical Center

REFERRING VET

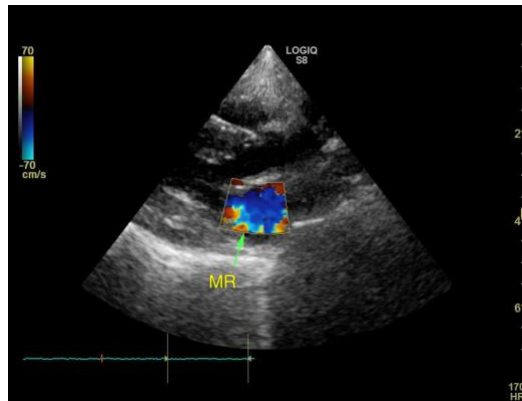
Agnes Rupley, DVM

INVOICE

14243

DATE

3/8/22



The information and recommendations provided are based on the images presented by the referring veterinarian. 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