



## PATIENT

Snoop Ayra

## SPECIES

Canine

## BREED

Chihuahua

## SEX

MN

## AGE

6yr

## WEIGHT

11.3

## PRESENTING CLINICAL SIGNS

Dog has a history of a murmur but has progressed from a grade 1-2 in 2021 (had a SonoPath echo from Andover Animal Hospital) to a grade 5. Pet needs to have a dental cleaning and would like the knowledge before that happens.

## 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	<1.3	28-40	40-100	<0.6
PATIENT				1.7	48	80	0.25
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				
PATIENT	NM				3.1	2.9	

## Cardiac Presentation

The echocardiogram for this patient presented excessive left atrial size expressed both in the LA/AO and LA max measurements. The cranial and caudal mitral valve leaflets presented moderate thickening consistent with endocardiosis (anterior greater than posterior). Mild prolapse of the septal leaflet was present. Doppler indicated moderate eccentric insufficiency. The left ventricle presented thicknesses with linear contour and subjective borderline mild 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.

## ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B2).
- Mild mitral valve prolapse.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac presentation is consistent with mild to moderate progression compared to the previous study with increased LA/LV dimension. Overall cardiac functionality is normal. Given lack of reported

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Hope Brossman

## HOSPITAL NAME

Animal Mansion VH

## REFERRING VET

Dr. Parker

## INVOICE

13438ag

## DATE

04/10/2023



**PATIENT**

Snoop Ayra

clinical signs, the heart continues to indicate compensation. Pimobendan 0.3 mg/kg PO BID is warranted at this stage. Baseline monitoring of resting respiration rate is suggested. Anesthetic risk is considered mildly elevated yet once on Pimobendan for 3-5 days, no overt anesthetic contraindications assuming normal systemic BP and with appropriate judicious IVF use and limited anesthetic time.

**SPECIES**

Canine

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.

**BREED**

Chihuahua

Prognosis is highly variable and serial sonographic monitoring is required for further assessment. Recheck echocardiogram recommended in 6 months, sooner if clinical signs arise.

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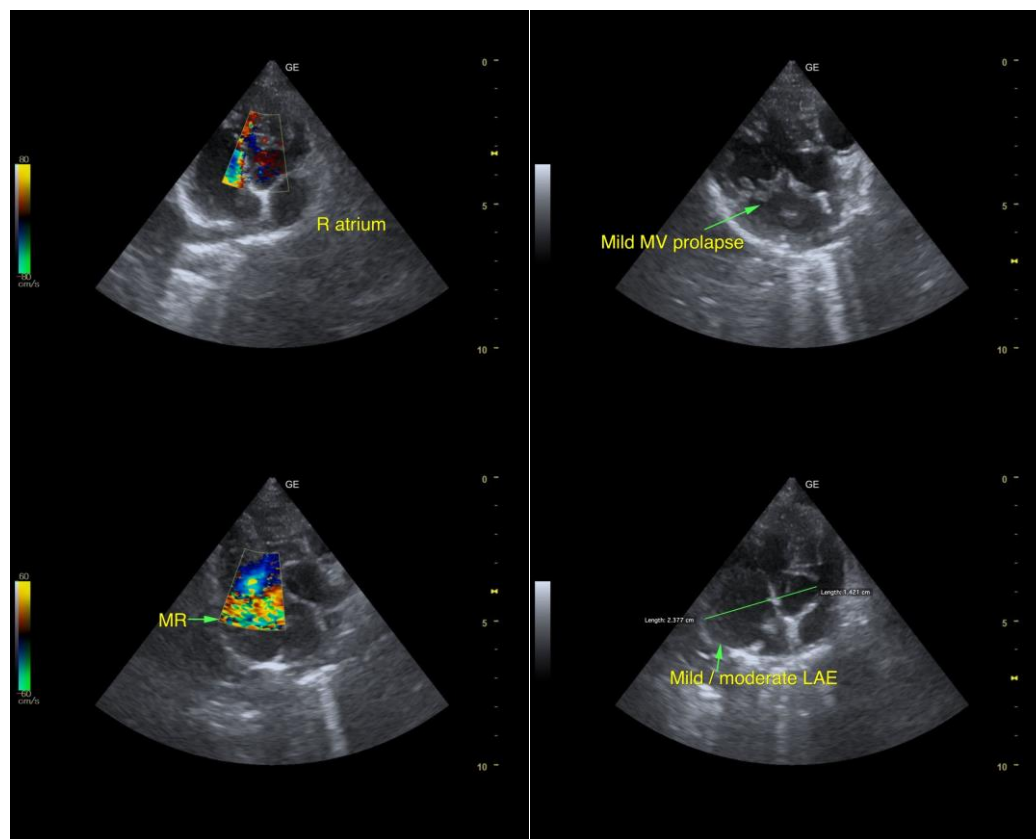
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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