PATIENT

Wrigley Mcloone

SPECIES

Canine

BREED

Dachshund

SEX

Male Neutered

AGE

10y

WEIGHT

10.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Rondout Valley VA

REFERRING VET

Dr. Hartelius

INVOICE

13420

DATE

4/22/26

PRESENTING CLINICAL SIGNS

History: Increasing cough, lethargy & exercise intolerance, reduced appetite, pulmonary crackles, 3/6 left systolic murmur, interstitial alveolar diffuse edema

Current meds: Furosemide 12.5mg 1/2tab BID, Spironolactone 6.25mg BID, Vetmedin 2.5mg BID, Enalapril 2.5mg BID

Abnormal PE/Chem/CBC/UA Results: Chronic anaplasma +, no other abnormalities

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	--	--	2.9	45	78	0.4
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (kg)	**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	1.1	0.6	--	4.1	3.2	--

Cardiac Presentation

The echocardiogram in this patient demonstrated severe increased **left atrial** size based on 2 different LA measurement methods with intra atrial septal deviation. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis (anterior greater than posterior) with valvular prolapse. Doppler indicated measurable severe eccentric insufficiency measuring 5.4 m/s. The **left ventricle** presented thicknesses with a-linear contour and significant to progressive increased LV dimension and sphericity. 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 thickening with TR noted on doppler. Measured TR velocity 2.5 m/s. 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

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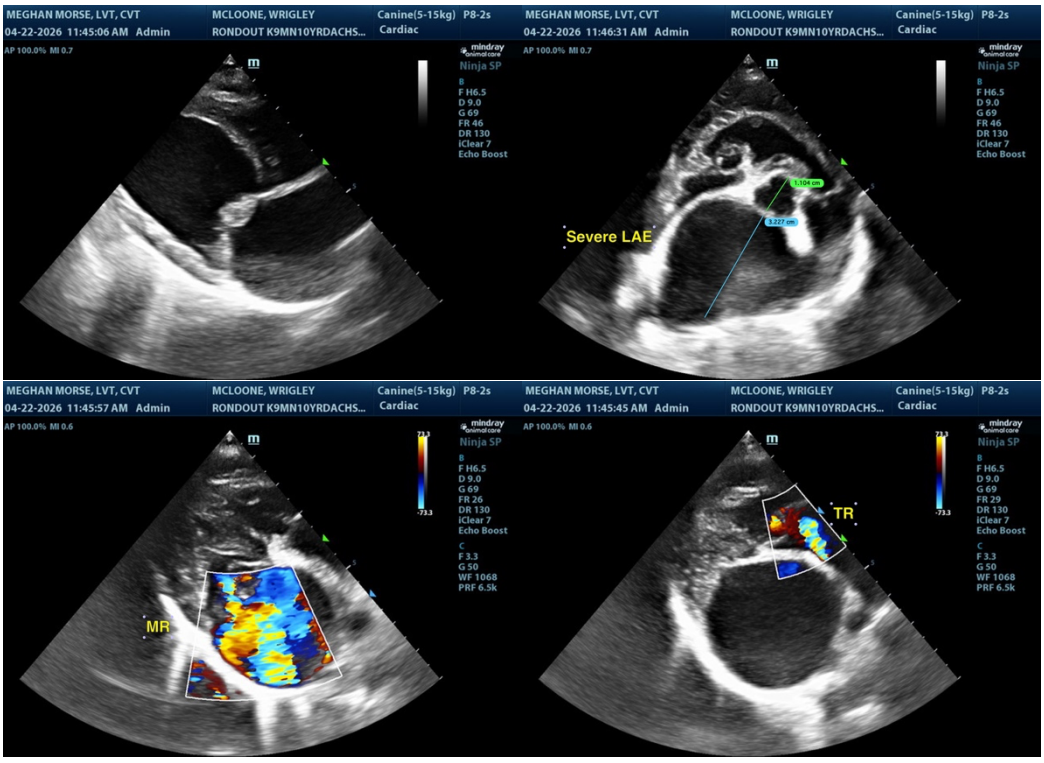
noted. No echographically detectable evidence of cardiac / pericardial tumors was visible. No evidence of arrythmia present.

ULTRASONOGRAPHIC FINDINGS

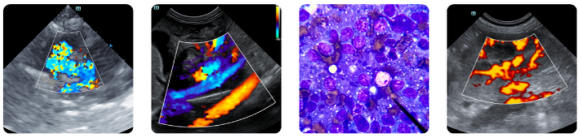
- Chronic mitral valve disease with valvular prolapse (ACVIM stage C)
- TV insufficiency – probable mild pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continued triple therapy is indicated in this patient. The coughing and clinical signs are likely secondary to cardiac disease and left-sided congestion. Mild pulmonary hypertension as a contributing factor possible. If continued evidence of congestion TID dosing of Lasix may be indicated. Antitussive medication, mild salt restriction and Omega fatty acid supplementation may prove beneficial. Exercise restriction is advised. Prognosis is extremely guarded to potentially long-term poor given evidence of progressive chamber enlargement. Elective anesthesia is not advised. Serial sonographic monitoring indicated. Recheck echo in 4-6 weeks, sooner if progressive clinical signs. This patient will remain at significantly increased risk for CHF, development of malignant arrythmia, progressive pulmonary hypertension of possible sudden death.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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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