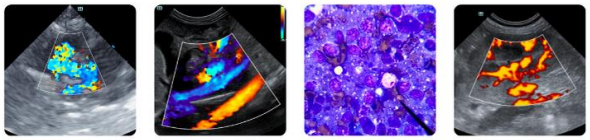

PATIENT

Asher Longobardi

SPECIES

Canine

BREED

Border Collie

SEX

MN

AGE

7 years

WEIGHT

45.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Arielle Roldan CVT

HOSPITAL NAME

Milford AH

REFERRING VET

Sean Grasso DVM

INVOICE

10779

DATE

4/8/26

PRESENTING CLINICAL SIGNS

Patient presents for 6 month recheck echo.
Doing well at home, no signs of progressing heart disease at home.
Patient is not on cardiac medications; is on cardiac diet.

Abnormal PE/Chem/CBC/UA Results: Yearly bloodwork pending sent to lab today

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	-	-	-	1.42	45	78	0.4
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	1.8	0.9	45.5 lbs.	4.2	4.1	-

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented mild thickening consistent with mild degenerative change / endocardiosis. Doppler revealed mild eccentric MR. 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 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 cardiac / pericardial tumors was visible.

ULTRASONOGRAPHIC FINDINGS

- Persistent compensated mitral valve disease (B1)

PATIENT

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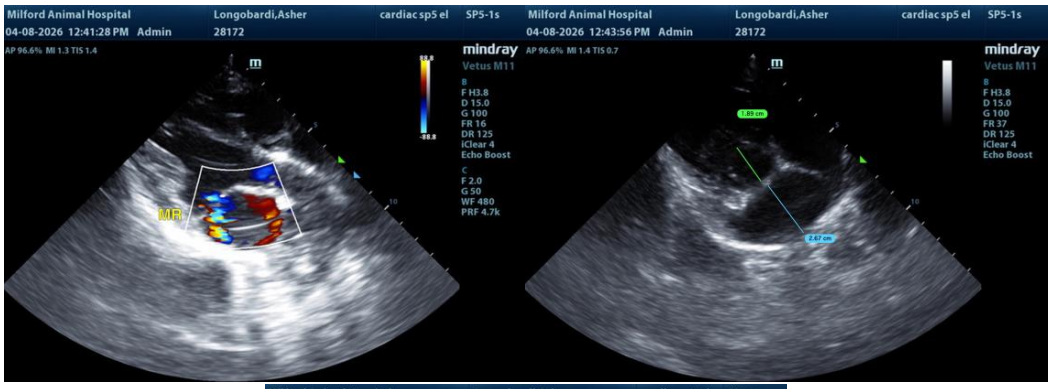
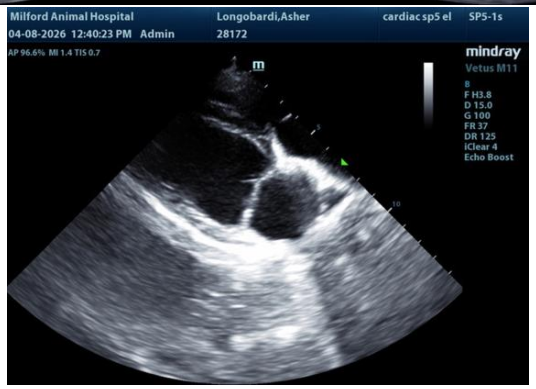
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of LA / LV enlargement continues to indicate that the current and future risk of complications secondary to MR remains low. In a nonclinical patient without reported clinical signs or chamber enlargement, there is no indication for cardiac medications. Prognosis remains variable and sonographic monitoring is advised. Recheck echocardiogram is suggested in 6 months, sooner if clinically indicated. Cardiac anesthetic risk is considered mild. Suggested anesthetic protocol, if anesthesia is required, may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.





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