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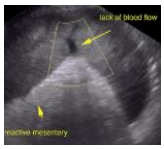
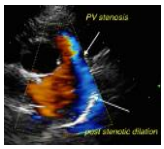
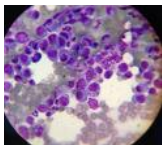
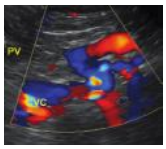

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1-800-838-4268 info@sonopath.com

PATIENT

Cappy 2 Neely

SPECIES

Canine

BREED

Terrier Mix

SEX

NM

AGE

14

WEIGHT

21

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Peter Nelson

HOSPITAL NAME

Valley Veterinary Service

REFERRING VET

Dr. Michelle Bartus

INVOICE

10581ag

DATE

05/11/2022

PRESENTING CLINICAL SIGNS

History: Cough started 3 weeks ago. Murmur increased from Grade II/VI on 8/21 to Grade V/VI. Cough improved with furosemide

Abnormal PE/Chem/CBC/UA Results: Chem/CBC within normal limits

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

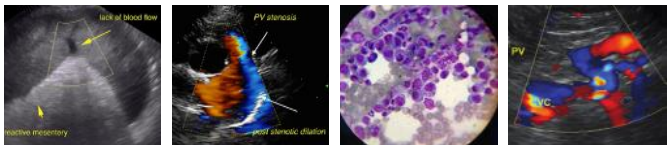
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT	5.0	2.2	NM	2.0	35.1	65.8	0.11
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (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		1.0	0.7		3.7	3.2	

Cardiac Presentation

The echocardiogram for this patient presented excessive left atrial size expressed both in the LA/AO and LA max measurements. Minor deviation of the intra atrial septum towards the right atrium indicative of mild increased left atrial pressure was present. The cranial and caudal mitral valve leaflets presented vegetative thickening consistent with endocardiosis. No evidence of valvular prolapse or CT rupture Doppler indicated measurable moderate eccentric insufficiency. The left ventricle presented thicknesses with linear contour and subjective 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 concurrent thickening with mild TR 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 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)



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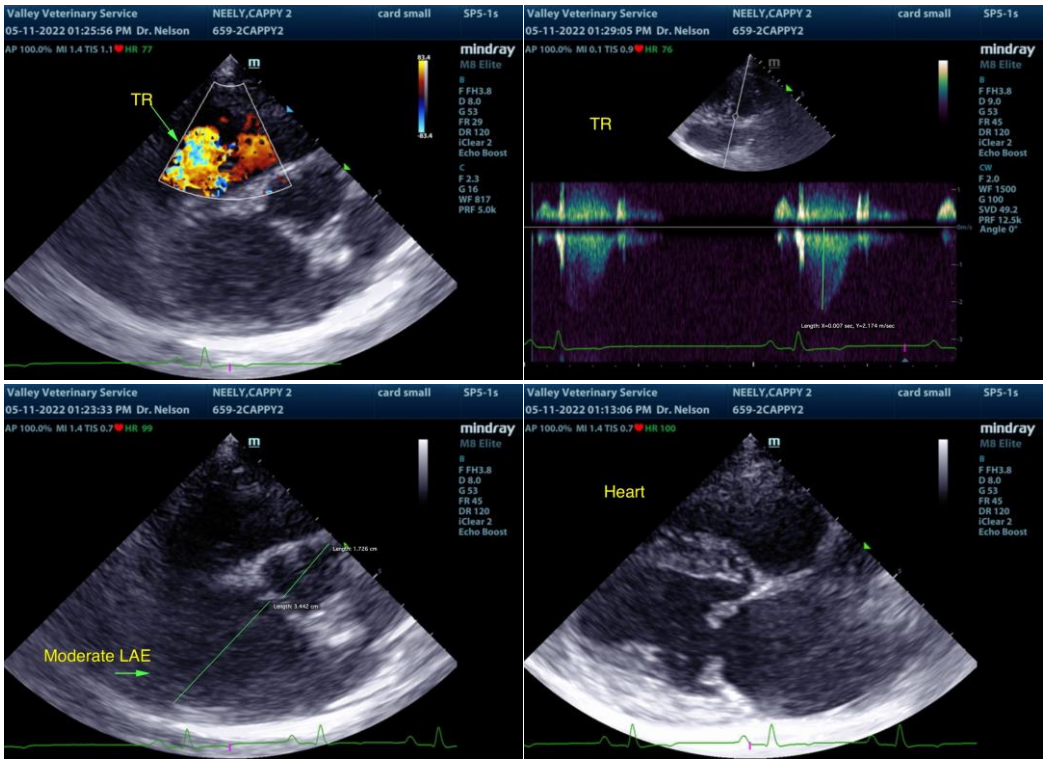
- TR-estimated pulmonary pressure gradient approximately 20mmHg, not consistent with clinical pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is secondary to chronic degenerative valvular changes with primary MR and mild TR. The moderate LA enlargement and mild LV enlargement indicate that the risk of complication is moderately elevated. Subjectively the degree of LA enlargement was not overtly consistent with cardiogenic pulmonary edema although this potential cannot be excluded. Coughing in this patient may be multifactorial in origin with contributions from left sided heart disease, mainstem bronchi irritation or compression owing to LA enlargement and/or concurrent primary lower airway disease. Given the reported improvement on furosemide, continued lowest effective dose with the addition of Pimobendan 0.3 mg/kg PO BID is warranted with monitoring of clinical response. As needed respiratory support is recommended. The prognosis at this stage is highly variable. Serial sonographic monitoring is required for further assessment. Recheck echocardiogram suggested in 6 months, sooner if progressive clinical signs are noted.



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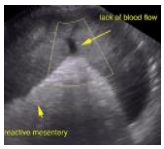
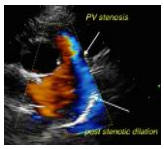
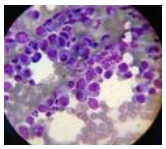
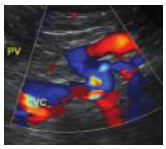

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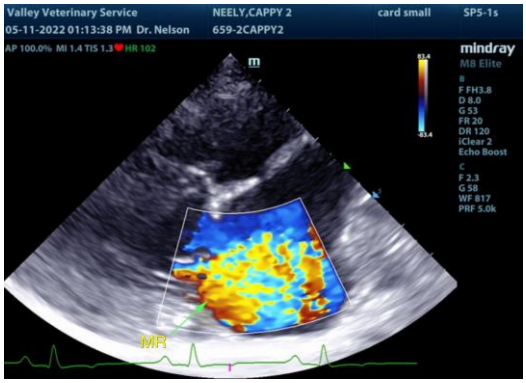

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com