


PATIENT

Grendel Vega

SPECIES

Canine

BREED

Pekingese

SEX

M

AGE

16

WEIGHT

101.8

PRESENTING CLINICAL SIGNS

The patient collapsed once History of mitral valve regurg The patient is on Vetmedin 2.5 mg, 1 tablet in the morning, half tablet at night Enalapril 5 mg half tablet twice a day Sildenafil 20 mg 0.25tablet twice a day Spironolactone 25 mg 0.5tablet twice a day Levothyroxine 0.1 MG TAB 1/2 tablet twice a day Furosemide 10 mg /ML1 mL twice a day

Abnormal PE/Chem/CBC/UA Results: Collapse one time Left systolic heart murmur 5 out of 6

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				1.8	48	82	0.2
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	1.2			3.5	2.8	

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

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05/02/2023

Cardiac Presentation

The echocardiogram for this patient presented excessive left atrial size expressed both in the LA/AO and LA max measurements. Subtle deviation of the interatrial septum towards the right atrium suggestive of mild increased left atrial pressure was noted. The cranial and caudal mitral valve leaflets presented moderate thickening consistent with endocardiosis. Suspect mild valvular prolapse. 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 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. No overt arrhythmia noted.

Brief sonographic assessment of the liver revealed no obvious evidence of hepatic congestive criteria, gallbladder wall edema or cranial abdominal ascites.



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ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease with suspect mild mitral valve prolapse (ACVIM B2)
- Normal RA/RV.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The moderately increased LA size indicates that the risk of complication secondary to MR is moderately elevated. Adequate LV systolic function without evidence of significant or overt RA/RV enlargement. Sonographically there is no evidence of significant pulmonary hypertension i.e., cor pulmonale or evidence of hepatic congestive criteria.

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Continued Pimobendan 0.3 mg/kg PO BID as well as lowest effective dose of diuretic is recommended given this presentation. Sildenafil is suggested only if strong clinical concern for pulmonary hypertension i.e., syncope, dyspnea, exercise intolerance or if previous diagnosis of pulmonary hypertension. Enalapril is only suggested if evidence of hypertension i.e., systemic BP >130. ECG assessment is suggested to assess for possible intermittent or paroxysmal arrhythmia which cannot be excluded. Temporary exercise restriction is suggested.

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Prognosis at this stage is variable and serial sonographic monitoring is recommended with a recheck echocardiogram in 6 months, sooner if clinically indicated.

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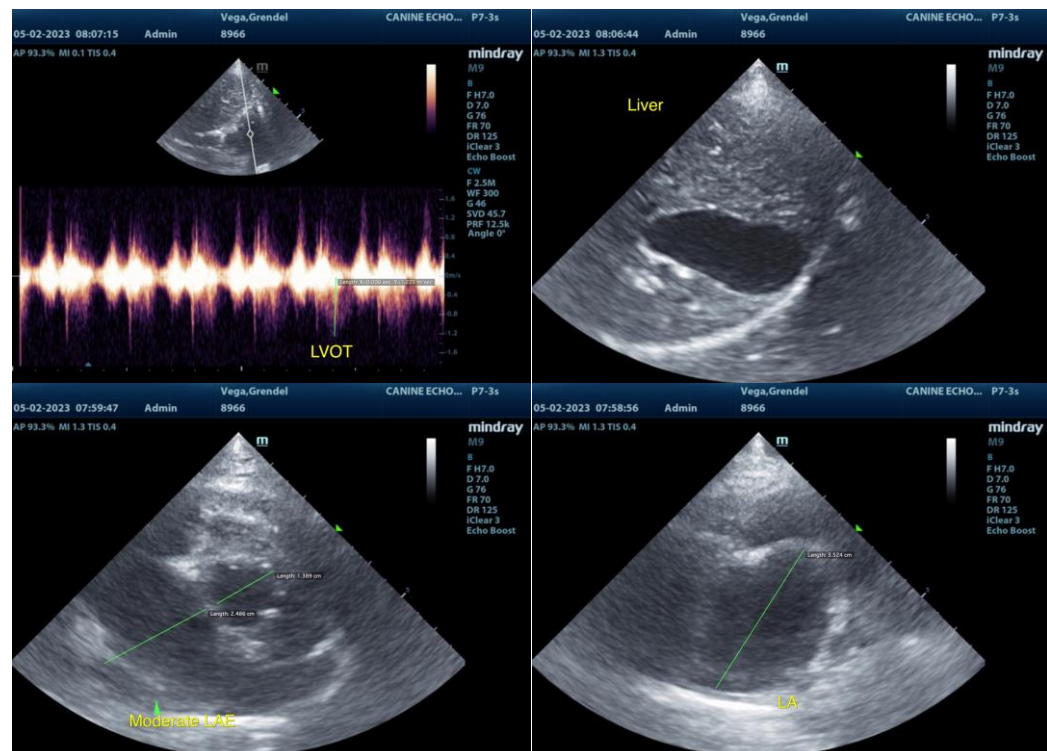
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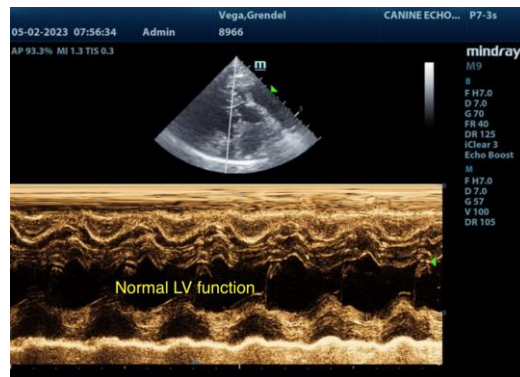
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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