



PATIENT PRESENTING CLINICAL SIGNS

Toby Chuchuca Rechecking echo, chronic degenerative valve disease, stage B2. Current med: Vetmedin 2.5 mgs.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

15 Years

WEIGHT

21 Pounds

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	<1.6	28-40	40-100	<0.6
PATIENT	5.6	3.3	1.7	2.2	33.6	63	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	BELOW	BELOW	BELOW	BELOW
PATIENT	111	1.3	1.0		5.9	4.1	

Cardiac Presentation

The echocardiogram for this patient presented moderately excessive **left atrial size** expressed both in the LA/AO and LA max measurements. Deviation of the intraatrial septum towards the right atrium was noted, consistent with increased left atrial pressure. The cranial and caudal **mitral valve leaflets** presented vegetative thickening consistent with endocardiosis without evidence of overt valvular prolapse. Doppler indicated measurable moderate eccentric insufficiency. The **left ventricle** presented normal thicknesses with maintained linear contour and increased left ventricular 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 mild thickening with mild TR. 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. Previously noted non-homogeneous to hypoechoic mass in the area of the cranial mediastinum was present, measuring 4.3 cm x 3.7 cm.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B2)
- Mild pulmonary hypertension
- Previously noted mass in the area of the cranial mediastinum

INVOICE

37816

DATE

5/20/22

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal Paradise

REFERRING VET

Dr. ElShafie



PATIENT

Toby Chuchuca

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

Echocardiogram consistent with previous diagnosis of chronic degenerative valvular changes with secondary eccentric mitral and mild tricuspid valve insufficiency. Estimated pulmonary pressure gradient based on TR velocity consistent with mild pulmonary hypertension. Potential for mild progressive increased left atrial possible, although considered minimal.

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Cocker Spaniel

Continued Pimobendan at current dose +/- weak diuretic such as Spironolactone 1-2 mg/kg PO BID if no evidence of pulmonary edema or elevated resting respiration rate. Initiation of Lasix 1-2 mg/kg PO BID in addition to Pimobendan suggested if evidence of pulmonary edema or increased resting respiration rate (i.e., left heart congestion).

SEX

Neutered Male

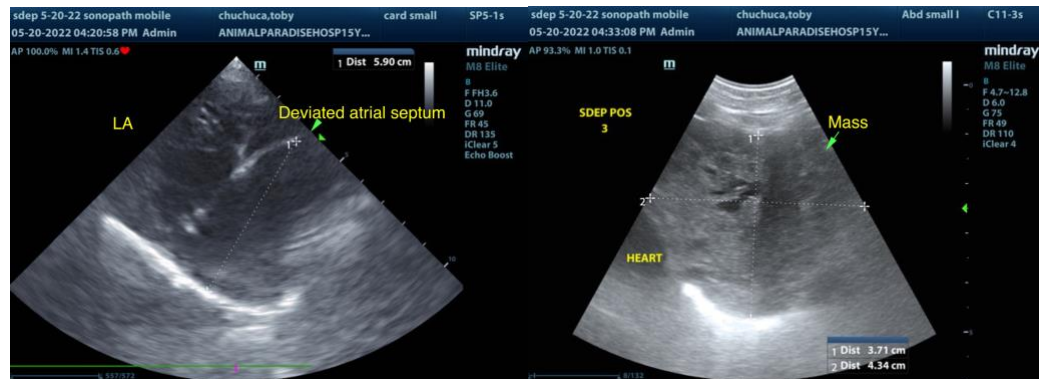
If the patient is deemed stable, ultrasound guided FNA of the mass in the area of the cranial mediastinum would be warranted for further assessment. However, neoplastic etiology for this mass is favored. Continued monitoring for evidence of clinical signs suggestive of clinical pulmonary hypertension is recommended. Recheck echocardiogram suggested in 6 months, sooner if clinical signs of left heart disease or clinical pulmonary hypertension are noted.

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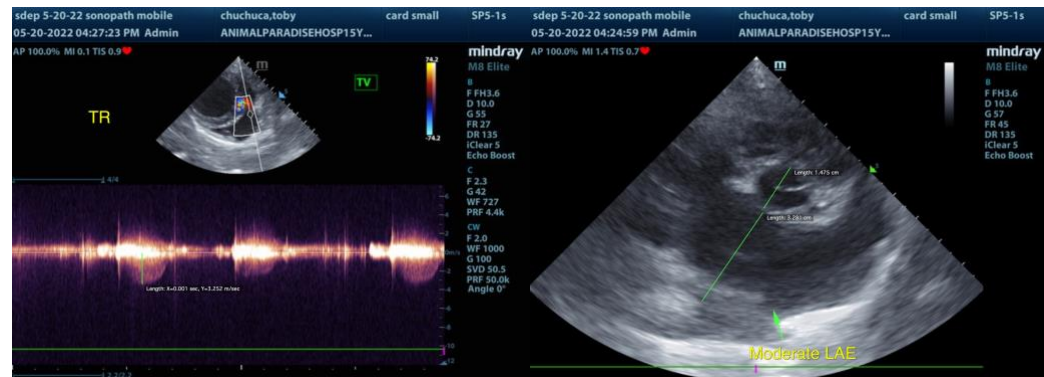
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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