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Clinical Sonography & Telecytology
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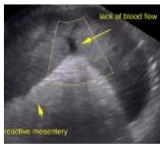
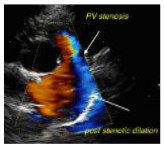
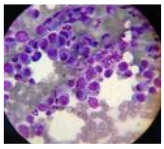
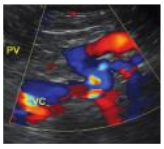

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1-800-838-4268 info@sonopath.com

PATIENT
Mally Fisher

SPECIES
Canine

BREED
Yorkie Mix

SEX
FS

AGE
10 years

WEIGHT
8.1

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

IMAGING PERFORMED BY
Dr. Michelle Bartus

HOSPITAL NAME
Valley Veterinary Service, Inc

REFERRING VET
Dr. Michelle Bartus

INVOICE
15050

DATE
5/5/22

PRESENTING CLINICAL SIGNS

Started to taking intermittent collapsing spells about one year ago, occurs sporadically. Has collapsing trachea. Collapsed last night and this morning while having a BM. Has been on Furosemide 6.25 mg AM and 3.125 mg PM; Enalapril 1.25 mg SID; Pimobendan 1.25 mg BID
Abnormal PE/Chem/CBC/UA Results: Normal chem/cbc/HWT. Radiographs show cardiomegaly, hilar pulmonary edema, multiple 1-1.5 cm nodules around heart base that are suspected to be lymph nodes. EKG pending.

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	--	1.0	2.0	2.1	60	94	0.22
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	1.0	0.88	--	3.3	2.7	--

Cardiac Presentation

The **left atrium** was moderately enlarged. Deviation of the intraatrial septum towards the right atrium consistent with increased left atrial pressure was present with endocardiosis. No evidence of mitral valve prolapse or chordae tendineae rupture. Doppler indicated moderate eccentric insufficiency. The **left ventricle** presented thicknesses with linear contour with increased left ventricle volume. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate to mildly increased as 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 vegetative 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. No echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

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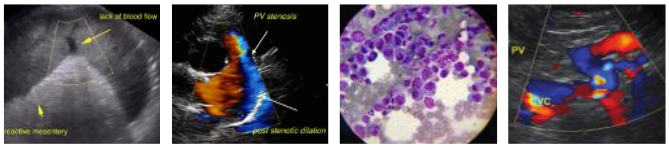

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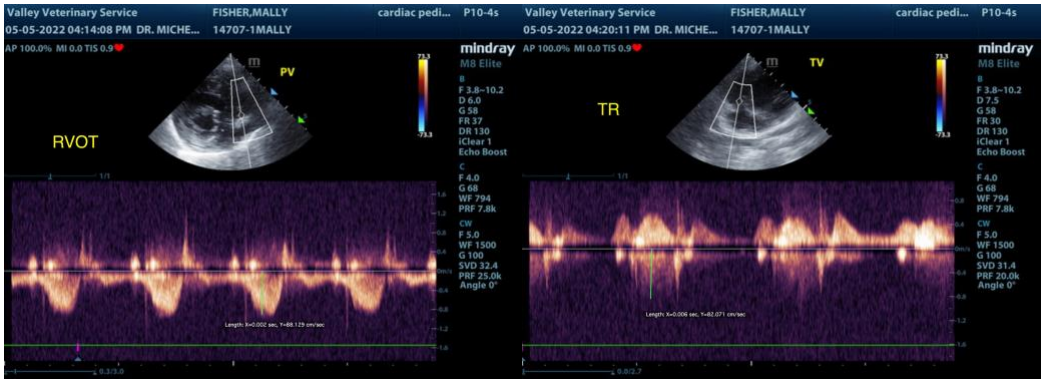
ULTRASONOGRAPHIC FINDINGS

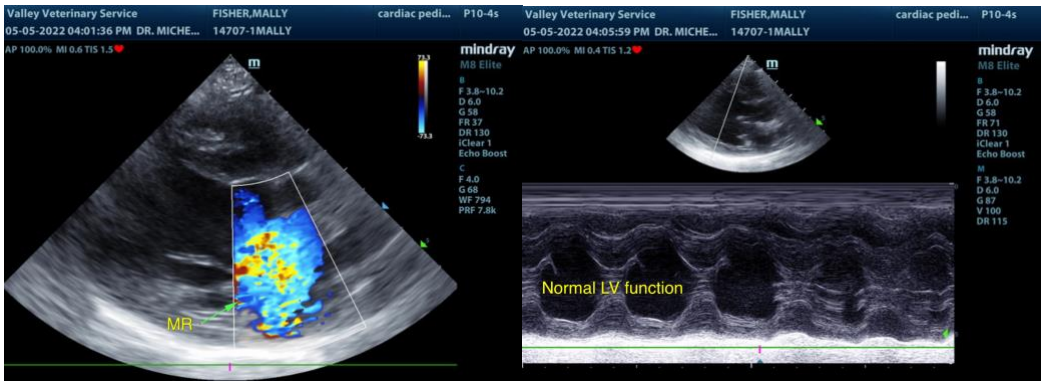
- Chronic mitral valve disease (ACVIM B-2)
- Mild TR

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The study is consistent with chronic degenerative valvular changes with secondary eccentric mitral valve and mild tricuspid valve insufficiency. The moderate LA enlargement as well as LV enlargement indicate that the current and future risk, going forward, of complication, is moderately elevated. Obvious concurrent clinical issues, such as LV systolic dysfunction or specifically, evidence of clinical pulmonary hypertension were not evident as contributing factors to the patients collapsing episodes.

Continued Pimobendan at 0.3 mg/kg PO BID as well as lowest effective dose of Lasix +/- combination diuretic protocol, such as Lasix/spironolactone combination at 1-2 mg/kg PO BID at lowest effective dose if evidence of pulmonary edema could be considered. Ace-inhibitor medication (i.e., enalapril) would be warranted if evidence of hypertension (BP >130) yet not advised if BP <130. Assessment of systemic BP recommended. The possibility of an intermittent arrhythmia cannot be definitively excluded. Correlation with pending EKG or possible Holter monitor, if collapsing episodes continue, is recommended. Serial sonographic monitoring required for further prognosis. Recheck echocardiogram suggested in 6 months or sooner if clinical signs consistent with congestive cardiomyopathy or if persistent/progressive collapsing episodes.





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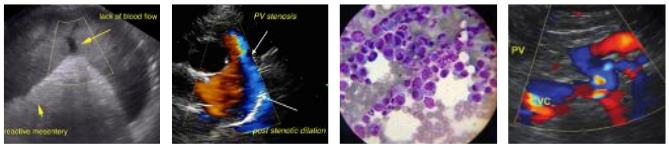

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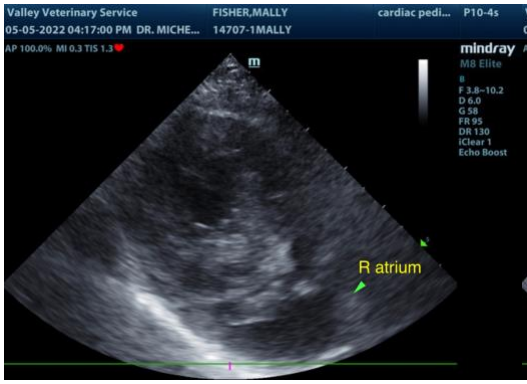

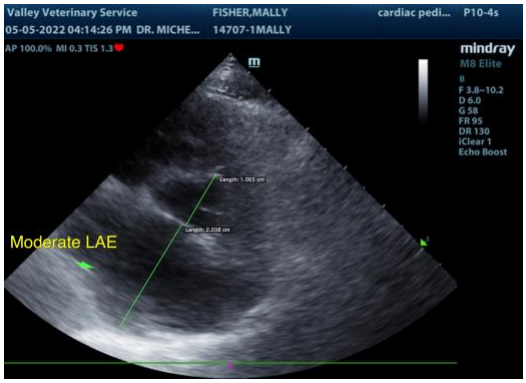

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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