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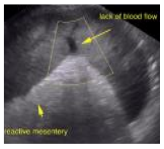
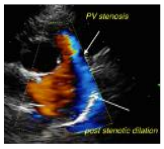
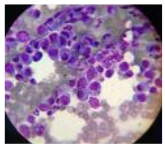
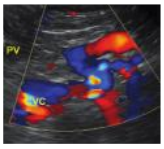
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Mandy Pickett

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

10 Years

WEIGHT

39 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Meredith Swart

HOSPITAL NAME

Swart Veterinary Imaging

REFERRING VET

Meredith Swart

INVOICE

15110

DATE

5/9/22

PRESENTING CLINICAL SIGNS

History: Murmur auscultated at recent visit for evaluate for dental cleaning. Grade III left side murmur. No clinical signs. Echo is pre-anesthetic
Abnormal PE/Chem/CBC/UA Results: labwork WNL

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	--	--	NM	1.5-1.7	50	85	0.21
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	1.7	1.3	--	3.7	3.5	--

Cardiac Presentation

The echocardiogram for this patient presented minor excessive **left atrial size** expressed both in the LA/AO and LA max measurements. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented mild vegetative thickening consistent with mild endocardiosis. 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 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 B-1- early B-2)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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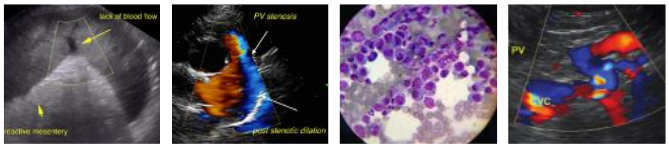

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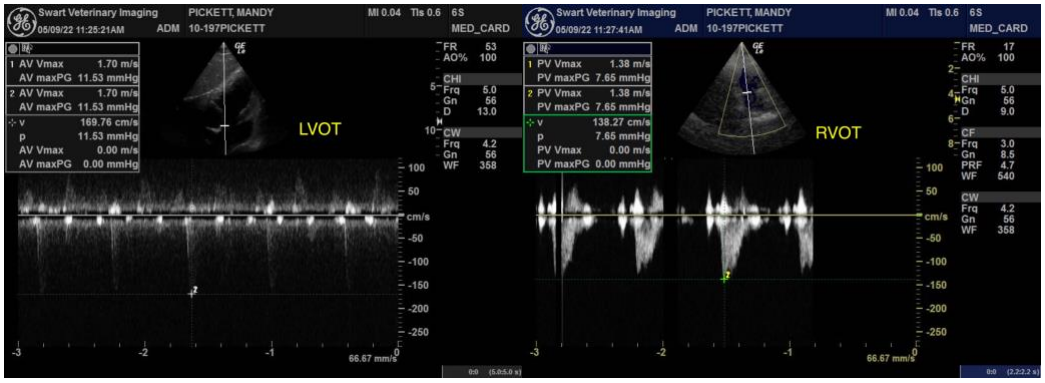
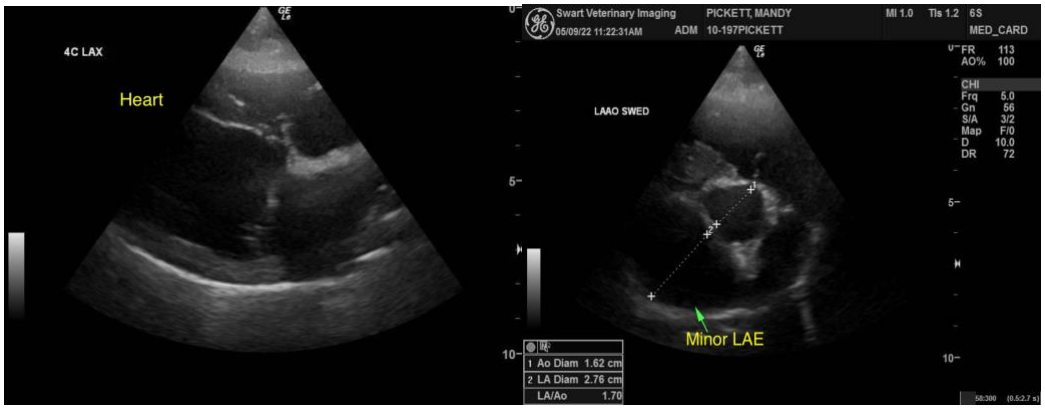
Although color doppler assessment of the mitral valve did not reveal significant insufficiency, the cause of the murmur is most likely consistent with chronic degenerative valvular changes with compensated secondary mitral valve insufficiency given the reported location of the murmur and in light of the patients age and breed. No other clinical issues, such as LV systolic dysfunction, evidence of stenotic disease or additional significant valvular insufficiencies were present. The lack of significant left or right heart chamber enlargement indicates that the hemodynamic effects of the murmur are low. No indication for cardiac medications at this stage, however, serial sonographic monitoring is required for further prognosis. No overt anesthetic contraindications. The following anesthetic protocol is suggested. Recheck echocardiogram is suggested in 6 months or sooner if clinical signs arise.

Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.

https://www.antechdiagnostics.com/cadet-braf





The information and recommendations provided are based on the images presented by the referring veterinarian. 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