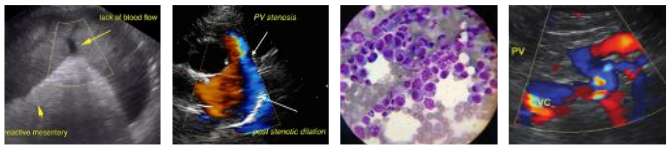
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

TONY MONTANA TUMANYAN

SPECIES

Canine

BREED

Pomeranian

SEX

MN

AGE

9

WEIGHT

11.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr. Sharkaway

INVOICE

14131ag

DATE

06/13/2023

PRESENTING CLINICAL SIGNS

Collapse of trachea

Abnormal PE/Chem/CBC/UA Results: Heart murmur 4 out of 6 Blood work elevated alk phos

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				2.3	50	82	0.23
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				4.2	3.2	

Cardiac Presentation

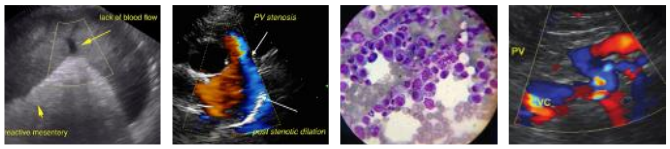
The echocardiogram for this patient presented moderately increased left atrial size expressed both in the LA/AO and LA max measurements. Subtle deviation of the interatrial septum towards the right atrium suggestive of mild increased left atrial pressure was noted. The cranial and caudal mitral valve leaflets presented mild to moderate thickening consistent with endocardiosis. Doppler indicated subjective moderate eccentric insufficiency. The left ventricle presented thicknesses with linear contour and moderately 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. No overt 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)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The moderate increased LA dimension with evidence of moderate left heart



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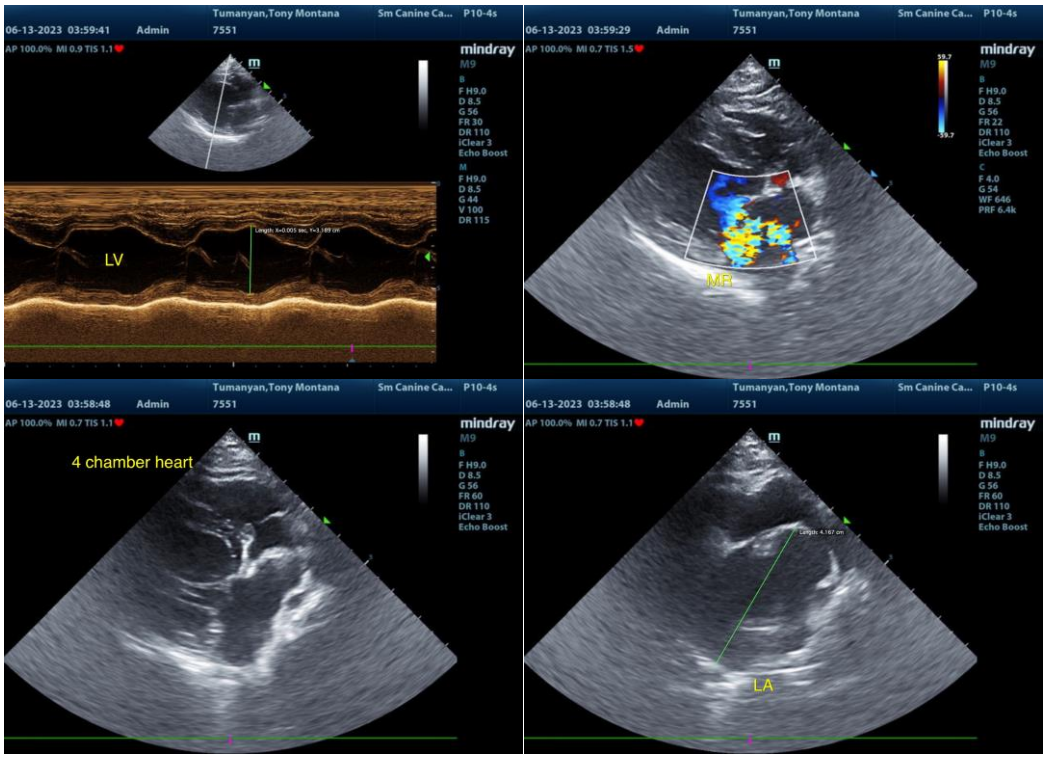
volume overload implies that the risk of complication secondary to mitral valve insufficiency is moderately elevated. No other clinical issues such as LV systolic dysfunction or evidence of clinical pulmonary hypertension.

Pimobendan 0.3 mg/kg PO BID and spironolactone 1-2 mg/kg PO BID with as needed respiratory support and therapy for collapsing trachea is recommended. Monitoring of resting RR is advised.

Prognosis at this stage is variable and serial sonographic monitoring is recommended with a recheck echocardiogram in 6 months, sooner if clinical signs suggestive of left sided congestion i.e., increased resting RR, radiographic [pulmonary edema etc. are noted.



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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