



PATIENT

Maya Pizan

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

11y, 1m

WEIGHT

16.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Summit Dog and Cat

REFERRING VET

Dr. Lepkowski

INVOICE

17156

DATE

6/27/23

PRESENTING CLINICAL SIGNS

Recheck hm 6/6, doing well

Current meds: Vetmedin 1.25mg 1 in am 1/2 in pm, enalapril 2.5mg 1.5 in PM, feeding low salt diet

Abnormal PE/Chem/CBC/UA Results: 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	5.6	<2.0		1.9	49	81	0.18
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	129	1.1	1.0		4.1	3.5	

Cardiac Presentation

The echocardiogram in this patient demonstrated moderately increased **left atrial** size based on 2 different LA measurement methods. Minor deviation of the interatrial septum, suggestive of increased left atrial pressure, was present. The cranial and caudal **mitral** valve leaflets presented moderate thickening consistent with endocardiosis (anterior > posterior). Mild septal leaflet prolapse was present. Doppler indicated measurable moderate eccentric insufficiency. The **left ventricle** presented thicknesses with linear contour with 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 mild thickening with mild 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



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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

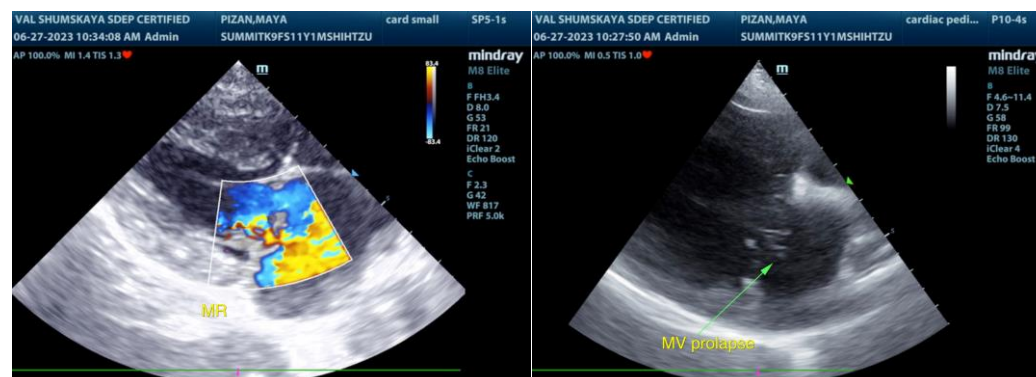
- Chronic mitral valve disease (ACVIM B2) with mild mitral valve prolapse
- Mild TR

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The moderate LA enlargement indicates that the current and future risk of complications secondary to MR is at least moderately elevated. No other clinical issues such as LV systolic dysfunction or evidence of clinical pulmonary hypertension.

Continued Pimobendan 0.3 mg/kg PO BID, as well as weak diuretic spironolactone 1.0-2.0 mg/kg PO BID, assuming no evidence of radiographic pulmonary edema, is recommended. ACE inhibitor medication is suggested if systemic BP >130, (not overtly indicated if BP <130). Continued restricted salt diet and Omega fatty acids may prove beneficial. Baseline monitoring of resting respiration rate going forward is advised.

Prognosis remains highly variable and serial sonographic monitoring is recommended. Recheck echocardiogram is recommended in 6 months, sooner if clinical signs consistent with left-sided congestion, i.e., increased resting respiration rate, pulmonary edema, etc., are noted.





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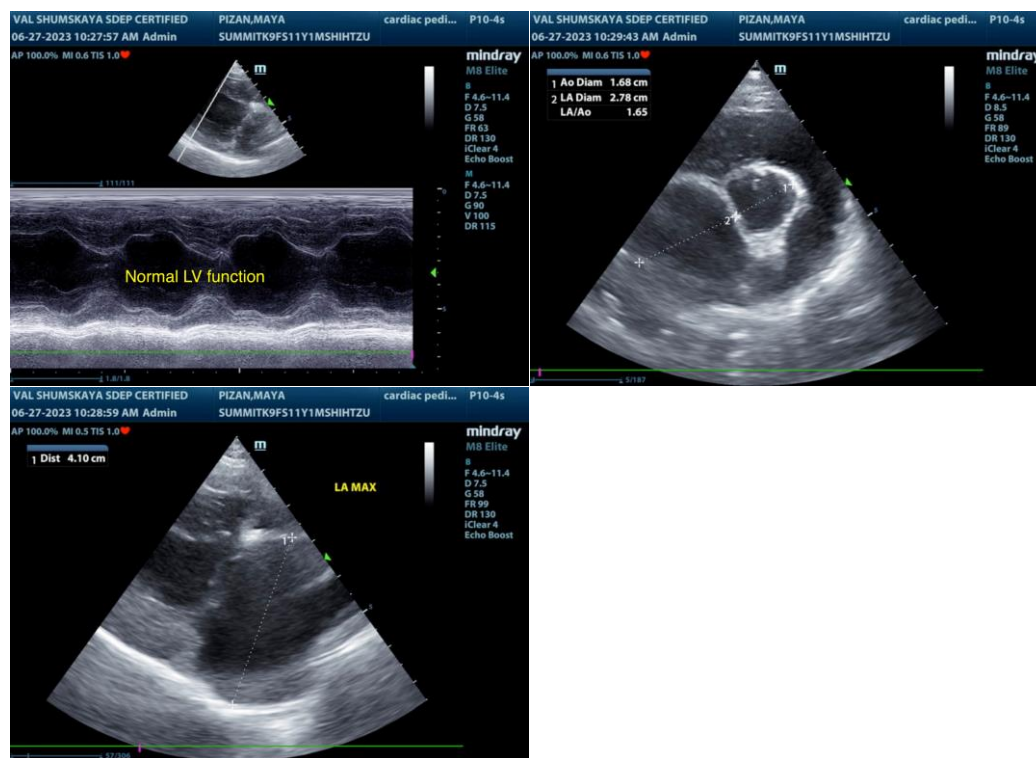
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com