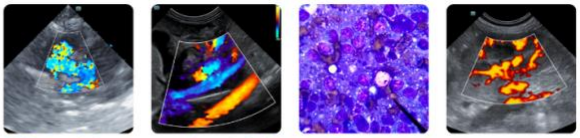

PATIENT

Skye Capollari

SPECIES

Canine

BREED

Maltipoo

SEX

Spayed Female

AGE

10 Years

WEIGHT

18 lbs

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

All Creatures Great & Small Denville

REFERRING VET

Dr. Silas Ashmore

INVOICE

16469

DATE

06/08/26

PRESENTING CLINICAL SIGNS

Cough all the time. Heart murmur grade 4/6.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	5.6	3.1	NM	1.5	50	81	0.2
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT**	**LAD** LA MAX 4 Chamber	**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		1.5	1.0	18 lbs	3.2	3.5	--

Cardiac Presentation

The echocardiogram in this patient demonstrated mild increased **left atrial** dimension with emerging intra-atrial deviation based on 2 LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis. Doppler indicated measurable moderate eccentric MR. Mild increased **left ventricle** dimension. 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 (estimated pulmonary pressure gradient 42 mmHg). 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 cardiac / pericardial tumors was visible. No evidence of arrhythmia or hepatic congestion.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM stage B2).
- Tricuspid insufficiency- estimated pulmonary pressure gradient suggestive of mild pulmonary hypertension.

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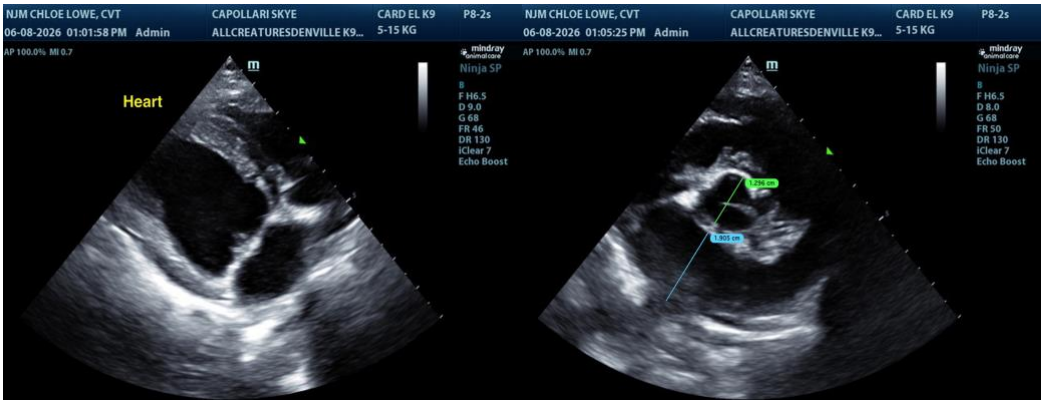
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes with secondary primary eccentric mitral valve insufficiency and concurrent tricuspid valve insufficiency. The mild left atrial enlargement implies that the risk of complication secondary to mitral valve insufficiency is mildly elevated, yet overall, the heart appears stable without overt congestion criteria. No other clinical issues such as LV systolic dysfunction. Pimobendan 0.3 mg/kg BID is recommended with concurrent three view chest radiographs to assess for evidence of concurrent lower airway disease and respiratory support which may include antitussive medication Hydrocodone or similar. No overt indication for additional medication.

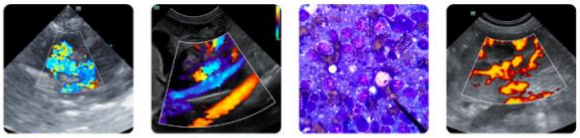
Clinical monitoring is indicated specifically for evidence of clinical signs which may suggest underestimated pulmonary hypertension i.e. continued coughing, exercise intolerance, syncope, etc. Concurrent baseline monitoring of resting respiration rate going forward is advised. If stable clinical and respiratory signs, recheck echo is suggested in six months, sooner if persistent respiratory signs or concern for pulmonary hypertension.

A contributing factor to the patient's respiratory signs may include current body condition i.e. Pickwickian syndrome. Weight loss is advised if possible.

Current anesthetic risk is considered mild to moderate pending further monitoring. If required the following protocol is suggested with limited anesthetic time, judicious IV fluid use and close clinical monitoring. 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.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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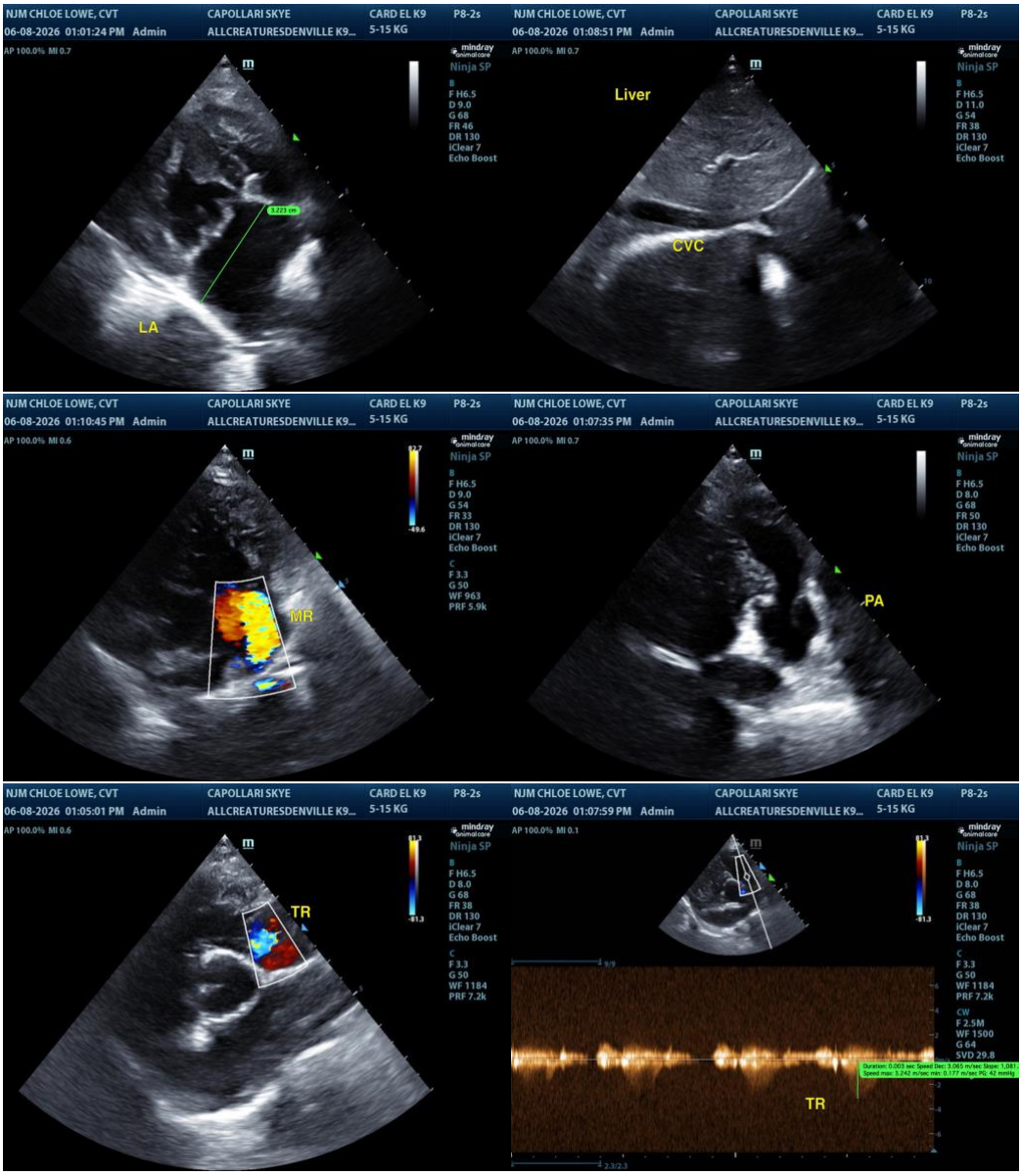

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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