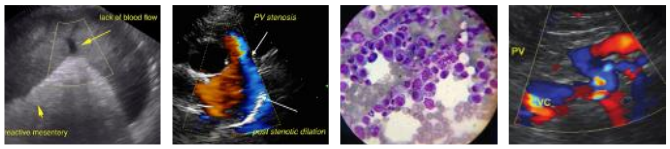
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Victoria Coelho

SPECIES
Canine

BREED
Shih Tzu

SEX
F

AGE
10yr

WEIGHT
10lb

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

IMAGING PERFORMED BY
Shari Reffi CVT

HOSPITAL NAME
All Creatures Great and Small Denville

REFERRING VET
Dr. Mitrovic

INVOICE
14377

DATE
07/17/2023

PRESENTING CLINICAL SIGNS

Grade III-IV/VI murmur, lethargic. No cough. No current meds.

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	<1.6	28-40	40-100	<0.6
PATIENT	5.3		1.5	1.5	35	65	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	114	1.1	1.0		3.2	2.75	

Cardiac Presentation

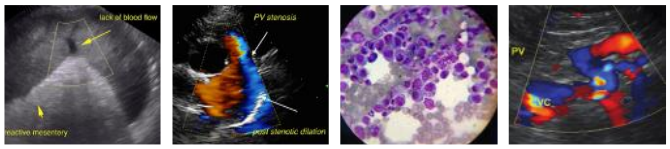
The echocardiogram for this patient presented minor increased left atrial size expressed both in the LA/AO and LA max measurements. The cranial and caudal mitral valve leaflets presented moderate thickening consistent with endocardiosis. Minor prolapse of the septal valve leaflet was present. Doppler indicated measurable moderate eccentric insufficiency. 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 early B2) with mild mitral valve prolapse.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of significant LA enlargement of evidence of left heart volume overload indicate that the risk of complication secondary to MR is low and that the coughing in this patient is non-cardiogenic in



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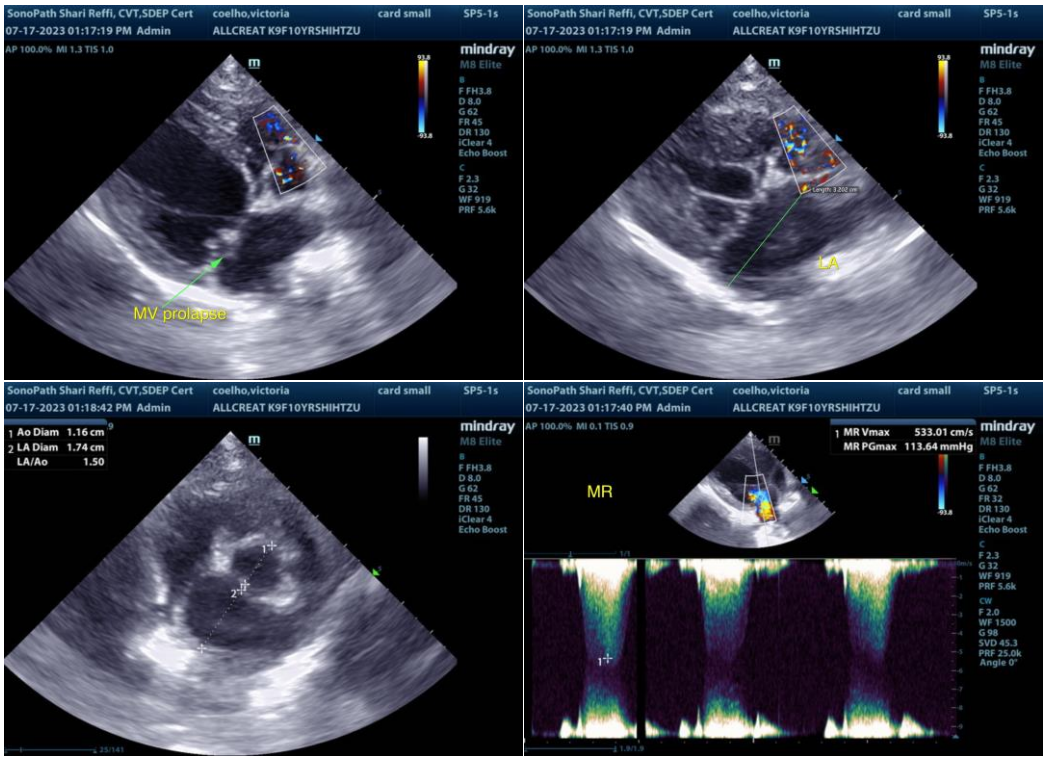
origin. No overt indication for cardiac medications at this stage. As needed respiratory support is recommended.

Prognosis is highly variable and serial sonographic monitoring is required for further assessment. Recheck echocardiogram recommended in 6 months, sooner if clinical signs consistent with heart disease arise.



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