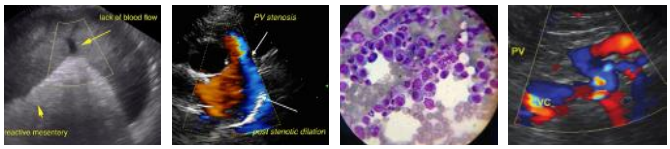
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Louie Radossich

SPECIES
Canine

BREED
Coton de Tulear

SEX
MN

AGE
15yr

WEIGHT
15.4lb

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

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
ACC Flanders

REFERRING VET
Dr. Hallihan

INVOICE
11155ag

DATE
07/19/2022

PRESENTING CLINICAL SIGNS

History: New heart murmur, going to do a dental if okay. Current meds: took PVP @ 6am - (1) 100mg Gabapentin

Abnormal PE/Chem/CBC/UA Results: 6/28/22 GGTP 13 7/14/22 Trace protein in U/A

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	5.5		1.5	1.3	50.3	83.4	0.2
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	101	1.2	1.0		3.1	2.6	

Cardiac Presentation

The echocardiogram for this patient presented 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 vegetative thickening consistent with endocardiosis. Doppler indicated measurable 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). Trace PI present on Doppler. 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 mild B2
- Trace pulmonic insufficiency-not clinically significant

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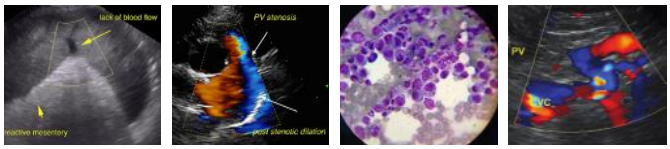

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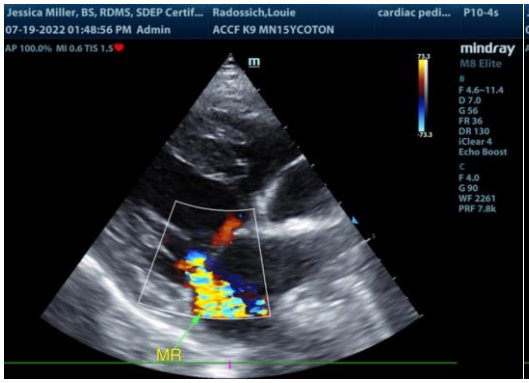
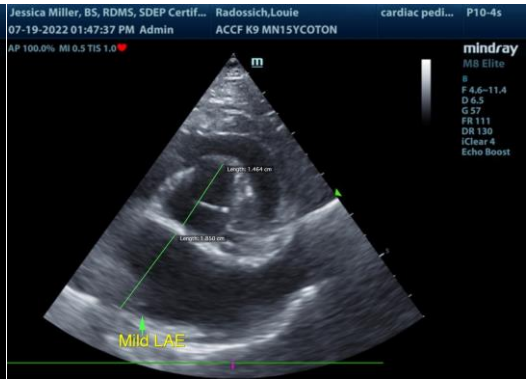
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

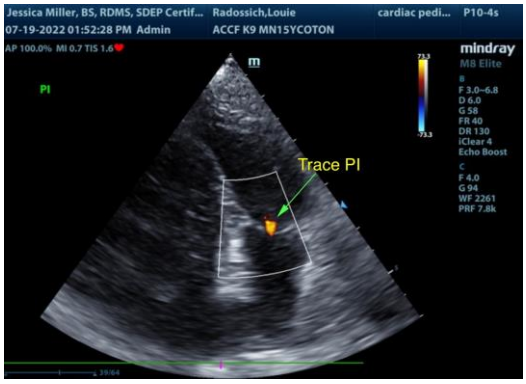
The cause of the murmur is consistent with chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The mild LA enlargement indicates that the risk of complication is mildly elevated yet at this stage the heart appears to be compensated. Cardiac medications at this stage are not overtly indicated yet Pimobendan 0.3 mg/kg PO BID could be considered as this medication could help prolong cardiac changes associated with mitral valve insufficiency. No overt anesthetic contraindications given overall normal cardiac functionality following 3-4 days of Pimobendan (if this medication is elected) and assuming normal systemic BP.

This patient may be at increased risk for fluid overload therefore judicious IVF use could be considered. Prognosis at this stage is highly variable and serial sonographic monitoring is required for further assessment. Recheck echocardiogram in 6 months, sooner if clinical signs consistent with heart disease 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.







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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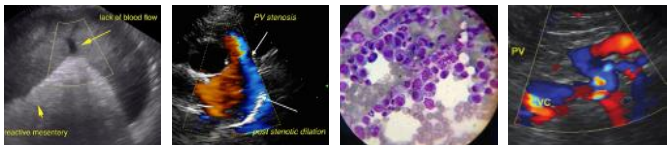

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