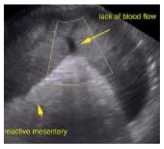
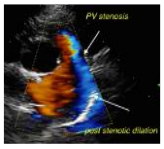
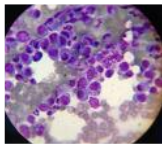
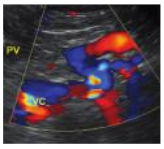
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Mickey Burke

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

10 years

WEIGHT

17 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Lovell

INVOICE

14360

DATE

7/22/22

PRESENTING CLINICAL SIGNS

grade 3/6 left sided systolic murmur; non- clinical. Screening for anesthesia for dental

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	5.7		1.35	1.45	38	69.5	0.24
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	201	1.2	0.8		3.4	3.2	

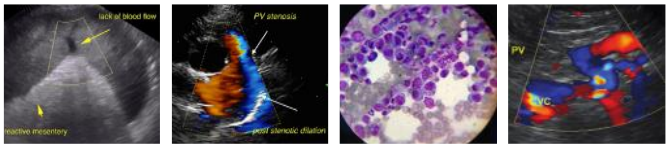
Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. 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 systolic laminar flow and overall subjective structural integrity. Mild aortic insufficiency measuring 3.2 m/s was present on doppler. Normal LVOT velocity was present. 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 B1)
- Aortic Insufficiency

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Mickey Burke

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

10 years

WEIGHT

17 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Lovell

INVOICE

14360

DATE

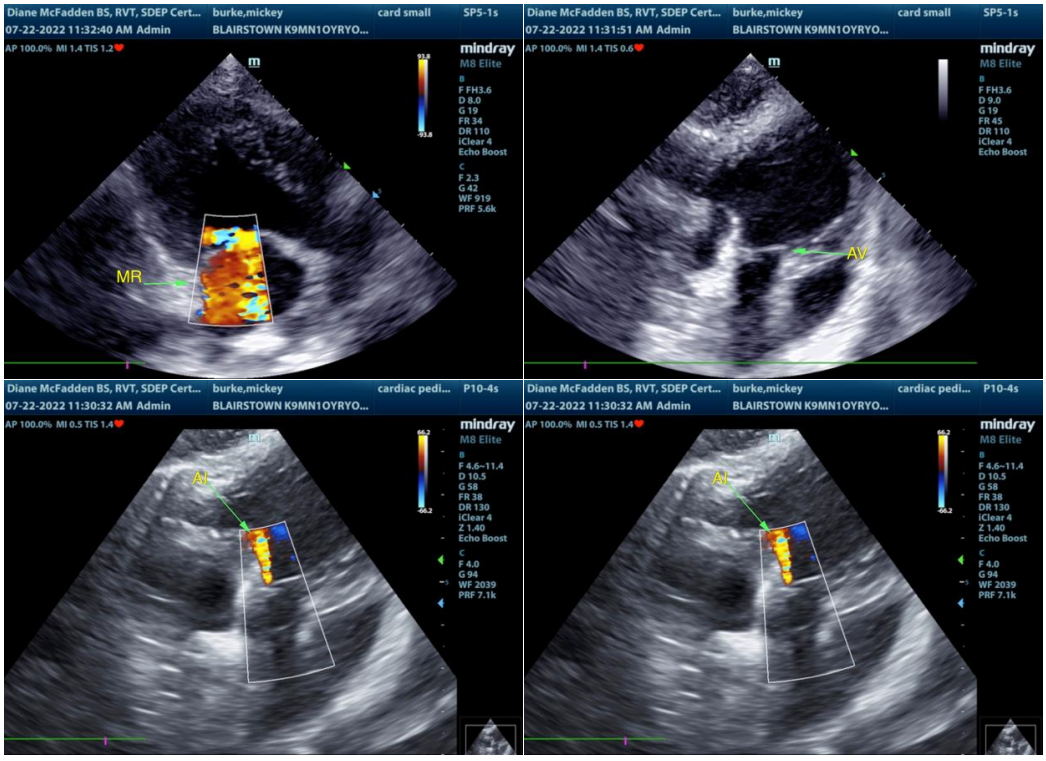
7/22/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

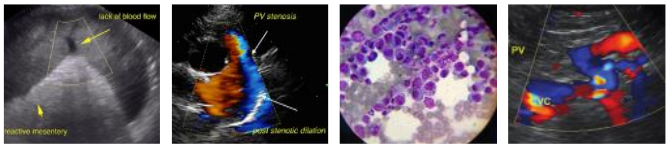
The cause of the murmur is consistent with chronic degenerative valvular changes with secondary eccentric mitral valve Insufficiency. The lack of left atrium enlargement indicates that the hemodynamic effect of the mitral valve insufficiency is low. However, prognosis Is highly variable, and serial sonographic monitoring is recommended for further assessment. No evidence of additional clinical issues such as stenotic disease, LV systolic dysfunction, or evidence of clinical pulmonary hypertension. No indication for cardiac medications. Assessment of systemic blood pressure is suggested given the presence of aortic insufficiency to rule out hypertension. If no evidence of hypertension, no anesthetic contraindications.

This patient may be at slightly increased risk for fluid overload under anesthesia. Recheck echocardiogram is suggested in 6 months, sooner If clinical signs arise. The following anesthetic protocol is suggested.

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.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Mickey Burke

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

10 years

WEIGHT

17 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Blairstown AH

REFERRING VET

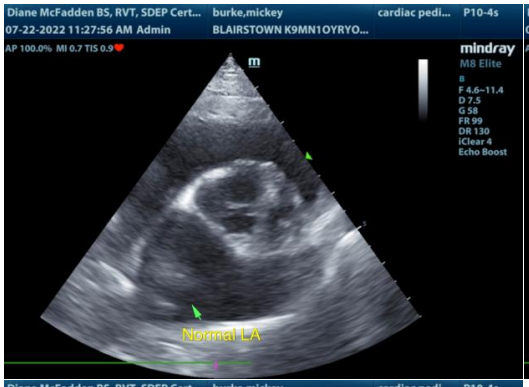
Dr. Lovell

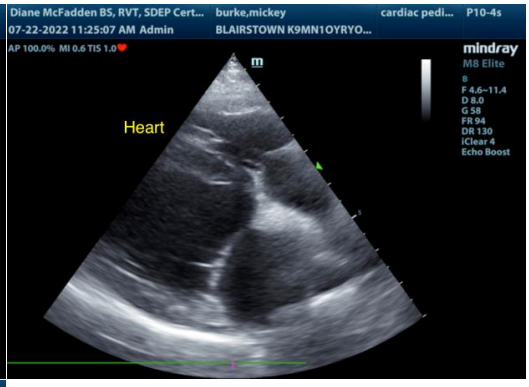
INVOICE

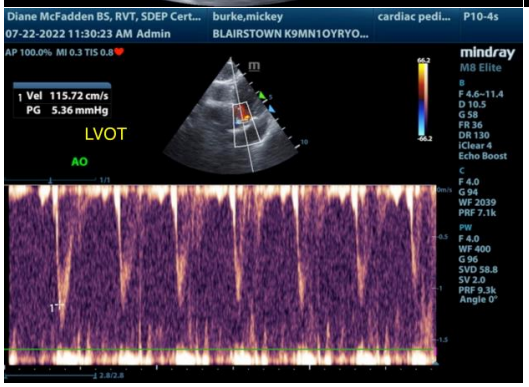
14360

DATE

7/22/22







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