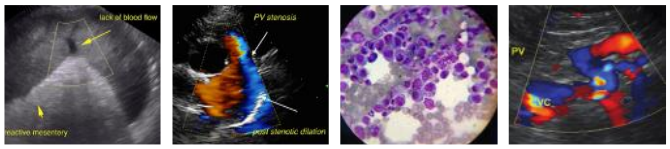
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Bell Wong

SPECIES
Canine

BREED
Schnauzer

SEX
FS

AGE
11

WEIGHT
16.3

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

IMAGING PERFORMED BY
Dr.Sharkaway

HOSPITAL NAME
Kew Gardens Animal Hospital

REFERRING VET
Dr.Sharkaway

INVOICE
14632ag

DATE
08/17/2023

PRESENTING CLINICAL SIGNS

Heart murmur

Abnormal PE/Chem/CBC/UA Results: Left systolic heart murmur 4/6 mainly on the left heart base.

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				1.7	46	80	0.28
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	NM		0.8		3.3	3.5	

Cardiac Presentation

The echocardiogram for this patient presented mild increased left atrial size expressed both in the LA/AO and LA max measurements. The cranial and caudal mitral valve leaflets presented mild to moderate thickening consistent with endocardiosis. Doppler indicated moderate eccentric insufficiency. The left ventricle presented normal thicknesses with linear contour and 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 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 B2)

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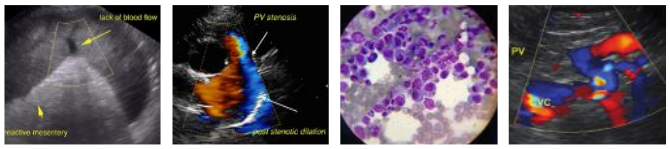

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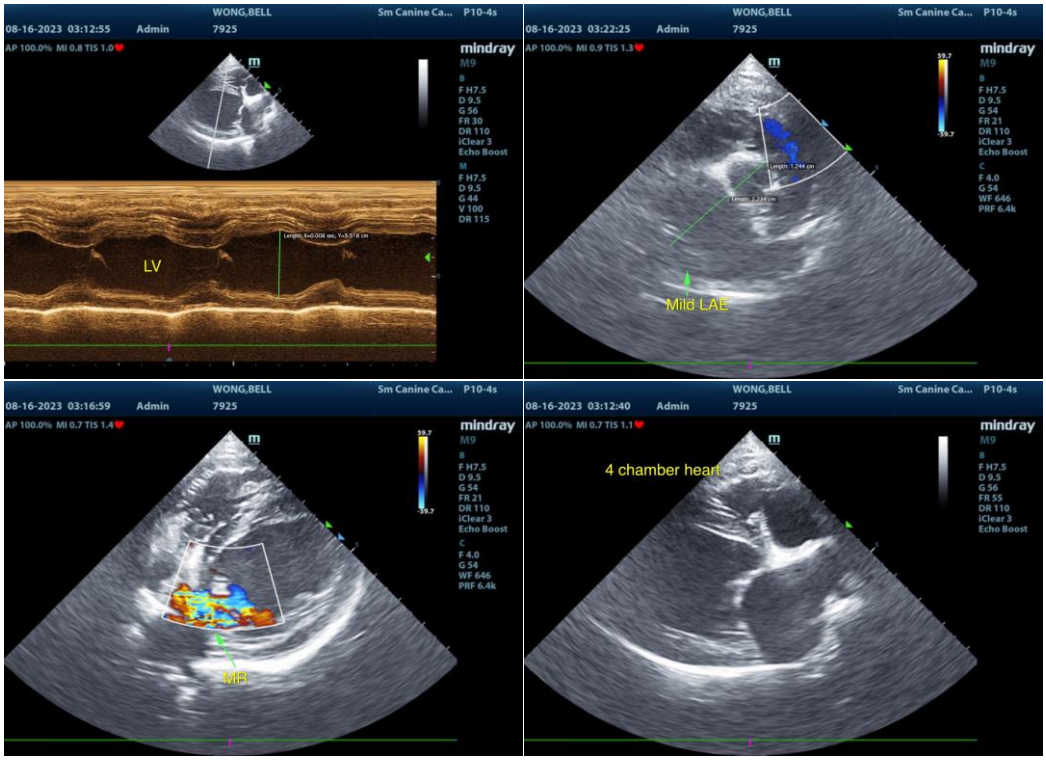
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. No evidence of LV systolic dysfunction or clinical pulmonary hypertension. The mild increased LA/LV volume implies that the risk of complication secondary to mitral valve insufficiency is mildly elevated with overall compensated cardiac presentation.

This patient may be considered borderline for Pimobendan based on EPIC study criteria yet given evidence of mild LA/LV enlargement, Pimobendan 0.3 mg/kg PO BID is recommended. No additional cardiac medications at this stage. Concern for concurrent lower airway disease if progressive cough may be indicated.

Prognosis at this stage is highly variable and serial sonographic monitoring is recommended with a recheck echocardiogram in 6 months, sooner if clinical signs suggestive of heart disease and/or increased resting RR develop.



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.

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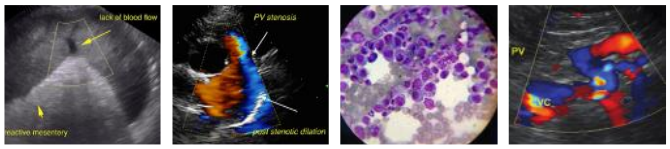

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