



## PATIENT

Bella Krystofiak

## SPECIES

Canine

## BREED

Beagle

## SEX

FS

## AGE

12 years

## WEIGHT

26.2 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Diane McFadden

## HOSPITAL NAME

Animal Care Centers  
of Landing

## REFERRING VET

Dr. Villari

## INVOICE

## DATE

8/2/22

## PRESENTING CLINICAL SIGNS

-recheck echo for progressive LA enlargement. On spironolactone, lasix, pimobendan

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
<b>CARDIAC PARAMETERS</b>	<b>VMAX</b> (m/s)	<b>VMAX</b> (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
<b>PATIENT</b>	6.0	3.0	2.1	2.1	50.9	82.7	0.27
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
<b>CARDIAC PARAMETERS</b>	(BPM)	<b>VMAX</b> (m/s)	<b>MAX</b> (m/s)	(kg)	2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	111	1.9	1.3		4.9	3.9	

## Cardiac Presentation

The echocardiogram in this patient demonstrated moderately enlarged **left atrial** size based on 2 different LA measurement methods. Minor deviation of the interatrial septum towards the right atrium, suggestive of increased left atrial pressure, was present. The cranial and caudal **mitral** valve leaflets presented mild vegetative thickening consistent with mild endocardiosis. Doppler indicated measurable moderate eccentric insufficiency. The **left ventricle** presented normal thicknesses with linear contour with subjective mild increased left ventricle 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. Minor aortic insufficiency measuring 2.4 m/s was present on doppler. 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. Mild tricuspid insufficiency was present on doppler. 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 pulmonic insufficiency was 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.



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## ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B2)
- TV insufficiency - estimated pulmonary pressure gradient ( $\approx 27$  mmHg) consistent with mild elevated pulmonary pressure, yet not overt clinical pulmonary hypertension
- Mino aortic and pulmonic valve insufficiency

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left atrium size appears to be essentially static compared to the previous ultrasound without evidence of progressive left atrium enlargement. The continued moderate LA enlargement indicates a continued increased risk for complication. No other clinical issues such as LV systolic dysfunction or overt clinical pulmonary hypertension were present.

Continued Pimobendan at current dose along with lowest effective dose of diuretic therapy is warranted with monitoring of renal parameters, resting respiration rate, +/- periodic ECG and blood pressure. Continued sonographic monitoring is required for further prognosis. Recheck echocardiogram is recommended in 6 months, sooner if clinical signs arise. Overall, the heart appears to be essentially static compared to the previous echocardiogram.





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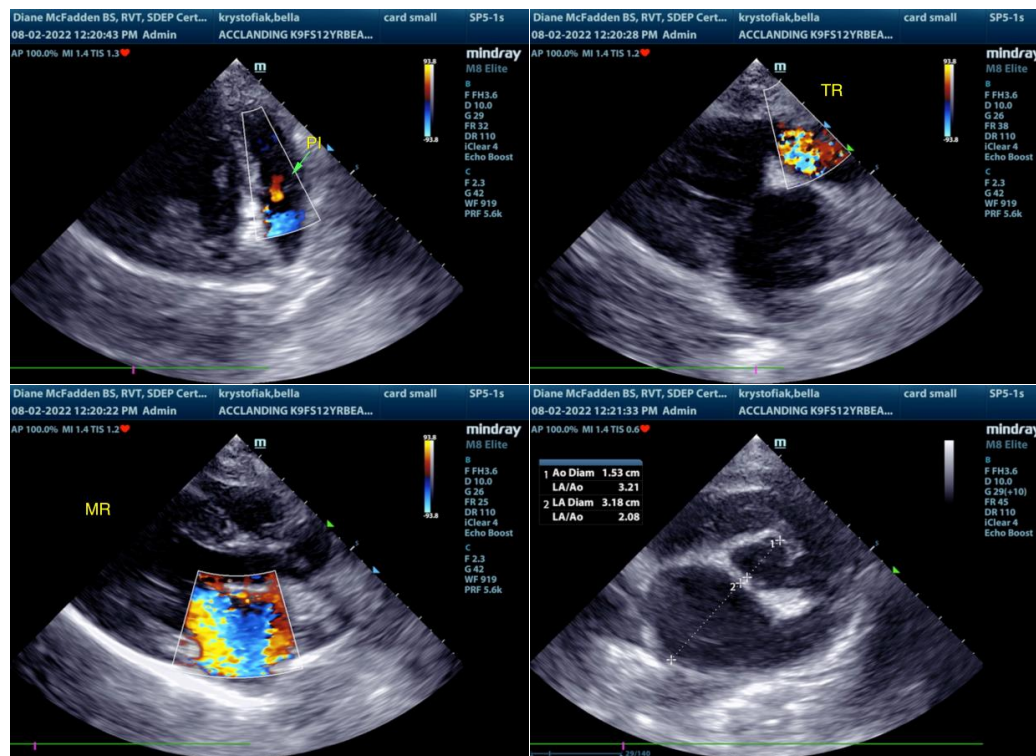
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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