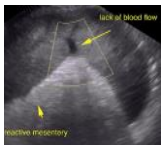
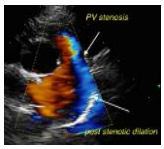
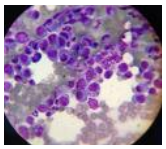
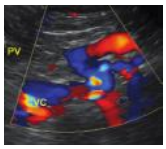
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Dexter Rowell

SPECIES
Canine

BREED
Chihuahua

SEX
MN

AGE
13yr

WEIGHT
12.6lb

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

IMAGING PERFORMED BY
Amanda Lacey Crook

HOSPITAL NAME
Rivers Edge Pet Medical Center

REFERRING VET
Dr. David Gray

INVOICE
11244ag

DATE
08/02/2022

PRESENTING CLINICAL SIGNS

History: History of valvular disease, had an echo last year - P needs an FHO surgery and working up cardiac disease further prior to anesthesia. Heart murmur 3/6 today. Currently on Pimobendan 1.25mg BID and Enalapril 5mg 1/2 tab BID. BP: 190, 180, 175 on Doppler today (hypertension)

Abnormal PE/Chem/CBC/UA Results: See attached labwork - CBC WNL, CHEM Lipase 2011 See attached radiographs See attached ECG report

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	2.3		1.45	55.6	90.2	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	NM	1.5	2.0		3.2	2.7	

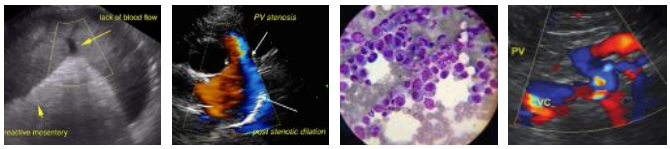
Cardiac Presentation

The echocardiogram for this patient presented minor increased 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 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 mild thickening with mild TV insufficiency 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). Borderline elevated RVOT not consistent with pulmonic stenosis was present. 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)
- TV insufficiency-estimated pulmonary pressure gradient approximately 21mmHg, not consistent with pulmonary hypertension

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Dexter Rowell

SPECIES

Canine

BREED

Chihuahua

SEX

MN

AGE

13yr

WEIGHT

12.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Lacey Crook

HOSPITAL NAME

Rivers Edge Pet Medical Center

REFERRING VET

Dr. David Gray

INVOICE

11244ag

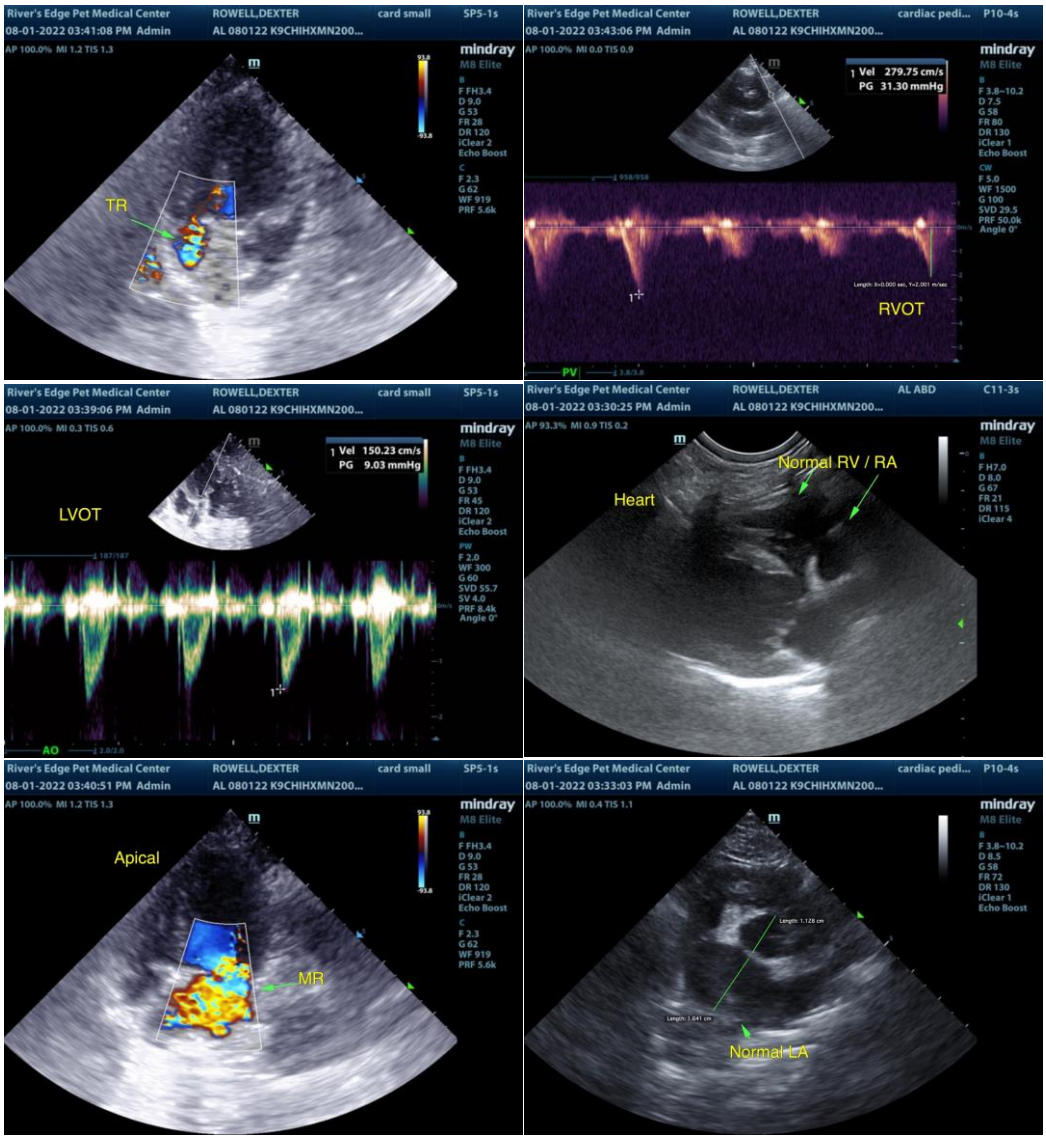
DATE

08/02/2022

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

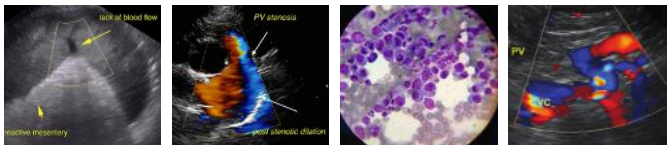
The cause of the murmur is secondary to chronic degenerative valvular changes with primary eccentric mitral valve and mild tricuspid valve insufficiency. The risk of complication is relatively low, however prognosis at this stage is variable. Serial sonographic monitoring is required for further assessment. Continued Pimobendan would be reasonable as this medication may help prolong cardiac changes associated with mitral valve insufficiency. ACE inhibitor medication would be warranted if persistent BP >130. Based on overall cardiac presentation no overt anesthetic contraindications. Recheck echocardiogram suggested in 6 months, sooner if clinical signs arise. Given the normal cardiac function, no overt anesthetic contraindications.

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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Dexter Rowell

SPECIES

Canine

BREED

Chihuahua

SEX

MN

AGE

13yr

WEIGHT

12.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Lacey Crook

HOSPITAL NAME

Rivers Edge Pet Medical Center

REFERRING VET

Dr. David Gray

INVOICE

11244ag

DATE

08/02/2022

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