



PATIENT PRESENTING CLINICAL SIGNS

Trixie Mocera Patient started wheezing/coughing. Grade 4/6 murmur. Ling sounds slightly diminished. Rads: VHS 13.0, mild pulm edema. Current meds: started Pimobendan 5 mgs 1/4 tab BID, furosemide 12.5 mgs 1 tab BID.

SPECIES Abnormal PE/Chem/CBC/UA Results: BUN 37, creat. 1.5, Accuplex (-), U/A pending.

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

BREED	CANINE CARDIAC PARAMETERS		MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
Papillon	NORMAL PARAMETER		4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
SEX	PATIENT				NM	2.5	32.9	62.8	0.25
Spayed Female	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)
AGE	NORMAL PARAMETER		50-100	0.7-1.7	0.7-1.6				
12 Years	PATIENT		105	<2.0	<2.0		3.5	3.2	
WEIGHT	NORMAL PARAMETER		50-100	0.7-1.7	0.7-1.6				
13 Pounds	PATIENT		105	<2.0	<2.0		3.5	3.2	

INTERPRETED BY Cardiac Presentation

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr. John Ammeraal

INVOICE

25091

DATE

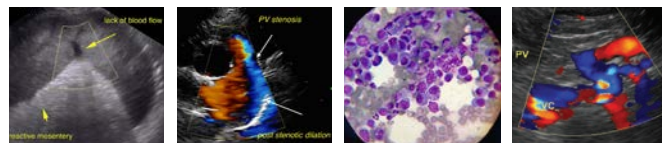
8/31/21

Cardiac Presentation

The echocardiogram for this patient presented markedly excessive **left atrial size** expressed both in the LA/AO and LA max measurements. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis with mild prolapse of the septal leaflet. Doppler indicated measurable eccentric insufficiency. The **left ventricle** presented normal thicknesses with linear contour with 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. 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 Stage C)
- Mild mitral valve septal leaflet prolapse



PATIENT

Trixie Mocera

SPECIES

Canine

BREED

Papillon

SEX

Spayed Female

AGE

12 Years

WEIGHT

13 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr. John Ammeraal

INVOICE

25091

DATE

8/31/21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes and minor septal leaflet prolapse with secondary eccentric mitral valve insufficiency. The marked left atrial enlargement indicates that the current risk of future complication is low and likely consistent with congestion given the presence of pulmonary edema. No other clinical issues such as systolic dysfunction or evidence of clinical pulmonary hypertension were identified.

Current Pimobendan and lowest effective dose of Lasix warranted given these cardiac changes. However, if current respiratory distress, hospitalization with IV diuretic therapy may be indicated until patient is stabilized. ACEI may be considered in this patient if blood pressure is >130 (not recommended if blood pressure is <130). Recheck thoracic radiographs and blood pressure in 72 hours suggested. If clinically stabilized, recheck echocardiogram suggested in 4-6 months to assess for evidence of progression, sooner if continued clinical signs consistent with heart disease are noted. Guarded long-term prognosis indicated pending response to medical therapy. ECG assessment recommended.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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