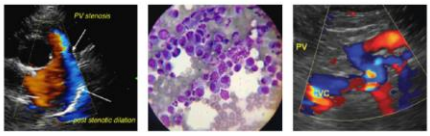
IMAGING PERFORMED BY
SVS Mobile Imaging 262 - 366 - 5970
fredgromalak@gmail.com



PATIENT
Peanut Russell

SPECIES
Canine

BREED
Beagle

SEX
FS

AGE
9 y/o

WEIGHT
27.4 lbs

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

IMAGING PERFORMED BY
Dr. Gromalak

HOSPITAL NAME
SVS Imaging

REFERRING VET
Dr. Tarp

INVOICE
14501

DATE
8/4/22

PRESENTING CLINICAL SIGNS

Previously noted murmur 3/6. now it is 6/6. mild cough and exercise intolerance present but since starting vetmedin, furosemide, and enalapril seems to be acting better. any additional medications needed?

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	5.8	1.9		1.96	57.9	92.3	0.35
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	BELOW	BELOW	BELOW	BELOW
PATIENT	NM	1.4	1.0		4.0	3.8	

Cardiac Presentation

The echocardiogram in this patient demonstrated mild to moderately enlarged **left atrial** size based on 3 different LA measurement methods. Mild deviation of the interatrial septum towards the right atrium, suggestive of mild increased left atrial pressure, was present. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis with mild prolapse of the septal leaflet. Doppler indicated measurable moderate eccentric insufficiency. The **left ventricle** presented normal thicknesses with maintained linear contour with 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. 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 TR 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). 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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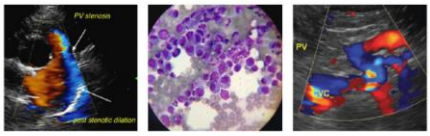

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

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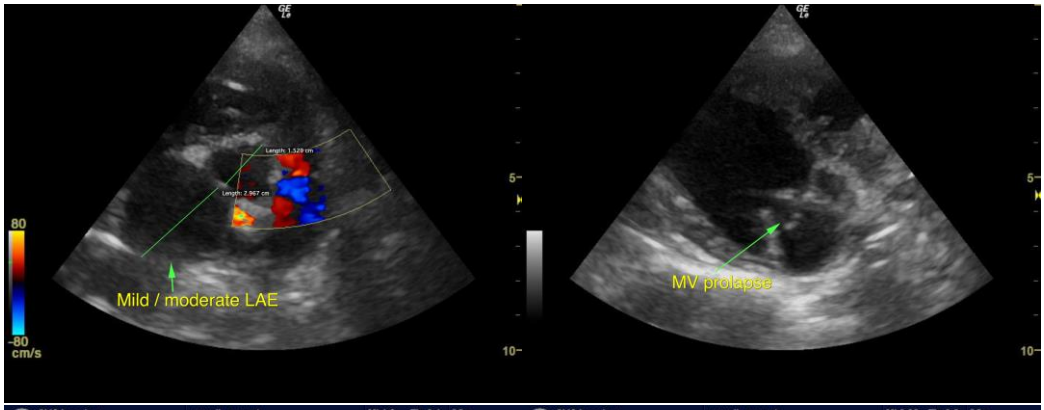
ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM B2) with mild septal leaflet prolapse
- Mild TR - no evidence of clinical pulmonary hypertension (estimated pulmonary pressure gradient <20)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is consistent with chronic degenerative valvular changes with secondary primary eccentric mitral valve and mild tricuspid valve insufficiency. The mild to moderate enlarged left atrium indicates that the current and future risk of complication is moderately elevated. No other clinical issues such as LV systolic dysfunction or evidence of clinical pulmonary hypertension were present.

Pimobendan 0.3 mg/kg PO BID is recommended at this stage with baseline monitoring of resting respiration rate and three-view chest radiographs if not done. The lowest effective dose of diuretic therapy with monitoring of renal parameters, given positive response to empirical medications, is warranted. Ace inhibitor medication is suggested if BP >130, (not advised if BP <130). Prognosis at this stage Is highly variable and serial sonographic monitoring is required for further assessment. Recheck echocardiogram is suggested in 6 months, sooner if progressive clinical signs are noted.



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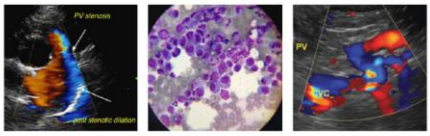

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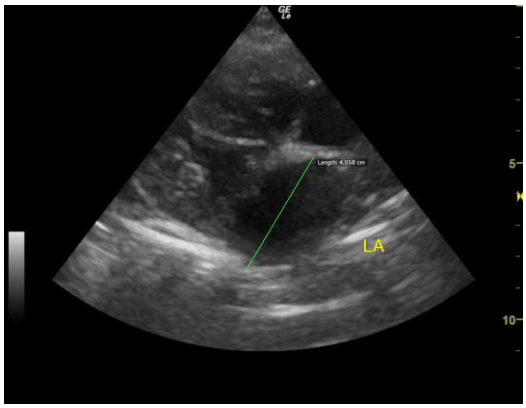

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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