



## PATIENT

Reggie Fiasconaro

## SPECIES

Canine

## BREED

Mixed breed K9

## SEX

MN

## AGE

16 years

## WEIGHT

39 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kelly Vazquez

## HOSPITAL NAME

Hillsdale AH

## REFERRING VET

Dr. Kenneth Fischer

## INVOICE

14985

## DATE

9-27-22

## PRESENTING CLINICAL SIGNS

Follow up echo to assess any progression of heart disease. Current meds: Vetmedin and Enalapril.  
Abnormal PE/Chem/CBC/UA Results: AST 13, ALT 10, CPK 38, rest of CBC/Chem/T4: WNL.

## 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>			1.44	1.34	36.1	66.7	0.38
<b>CANINE</b>	<b>HR</b> (BPM)	<b>AV</b> <b>VMAX</b> (m/s)	<b>PV</b> <b>MAX</b> (m/s)	<b>BODY WEIGHT</b> (kg)	<b>LA</b> 2D short axis Base view (cm)	<b>LVIDd</b> Avg; 2D and m-mode short axis (cm)	<b>LVIDs</b> Avg; 2D and m-mode short axis (cm)
<b>CARDIAC PARAMETERS</b>							
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	97	1.5	1.1		4.6	4.0	

## Cardiac Presentation

The echocardiogram in this patient demonstrated minor enlarged **left atrial** size based on 3 different LA measurement methods. 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 adequate linear morphology. No evidence of significant TR was noted. 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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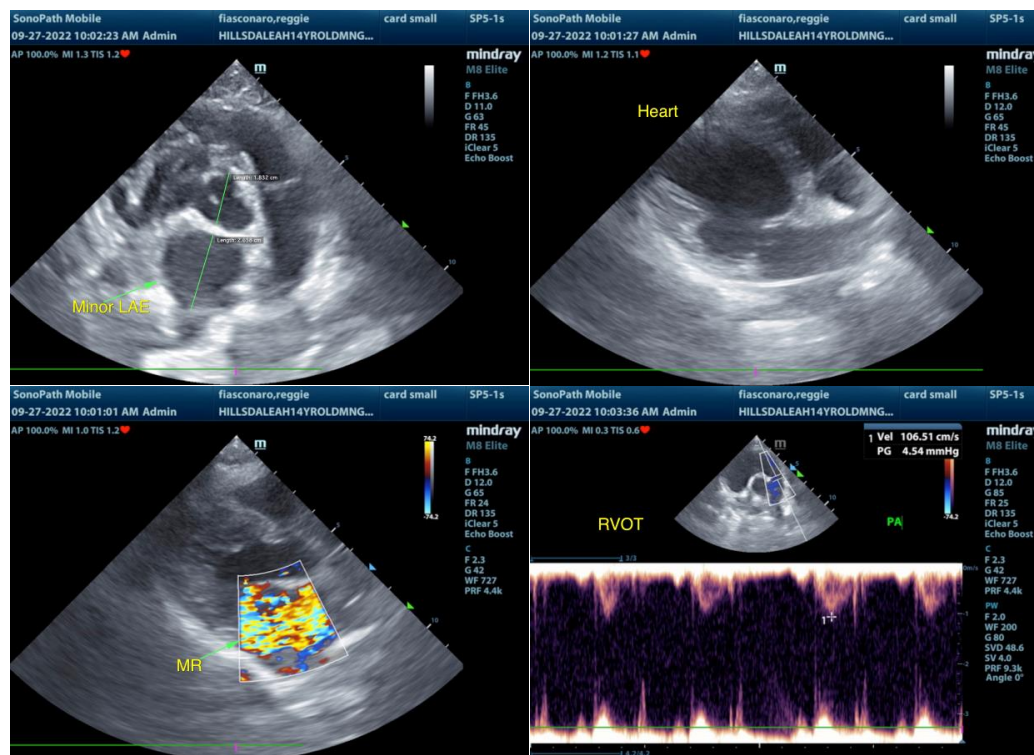
## ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (ACVIM mild B2)

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of significant left atrium enlargement indicates that the relative risk associated with mitral valve insufficiency appears to be low at this stage. Continued Pimobendan at the current dose is warranted as this medication may help prolong cardiac changes associated with mitral valve insufficiency. ACE inhibitor medication is recommended if systemic BP > 130, (not advised if BP < 130). No overt indication for diuretic therapy, assuming no evidence of elevated resting respiration rate or cardiogenic pulmonary edema.

Continued sonographic monitoring is required for further prognosis. Recheck echocardiogram is suggested in 6 months, sooner if progressive clinical signs are noted. Comparison with the previous echocardiogram to assess for evidence of progression is suggested.





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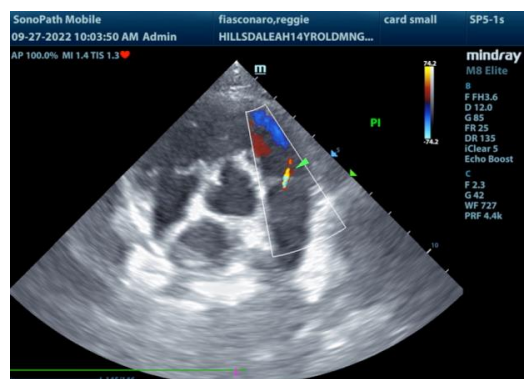
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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