SonoPath
Clinical Sonography & Telecytology
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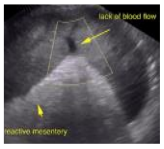

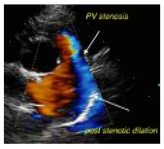

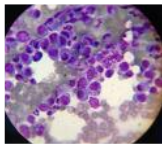
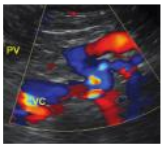

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1-800-838-4268 info@sonopath.com

PATIENT

Bailey Doonan

SPECIES

Canine

BREED

Cockapoo

SEX

MN

AGE

15 yrs

WEIGHT

34.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal Care Centers

REFERRING VET

Dr. Hallihan

INVOICE

14817

DATE

9/6/22

PRESENTING CLINICAL SIGNS

-Grade II/VI heart murmur. Coughing, pants all the time, labored breathing while sleeping. Prev. echo report from 4/2022 attached. Current meds: Gabapentin last night and this morning.
Abnormal PE/Chem/CBC/UA Results: Pending cortisol, ALT 190, ALKP 141, BUN 33, Trig 308, Prec. PSL 166, PLT 638, USG 1.010

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	5.8	3.2	1.1	1.22	40.3	72.2	0.28
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	110	1.5	1.1		3.6	3.4	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **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 mild endocardiosis. No evidence of valvular prolapse was noted. 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. Normal LVOT velocity was noted. Minor aortic Insufficiency 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 mild thickening with mild TR 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). 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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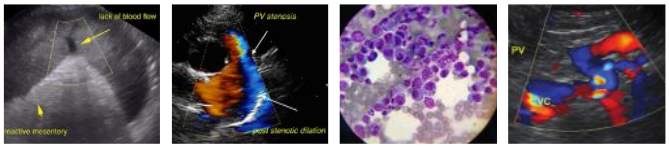

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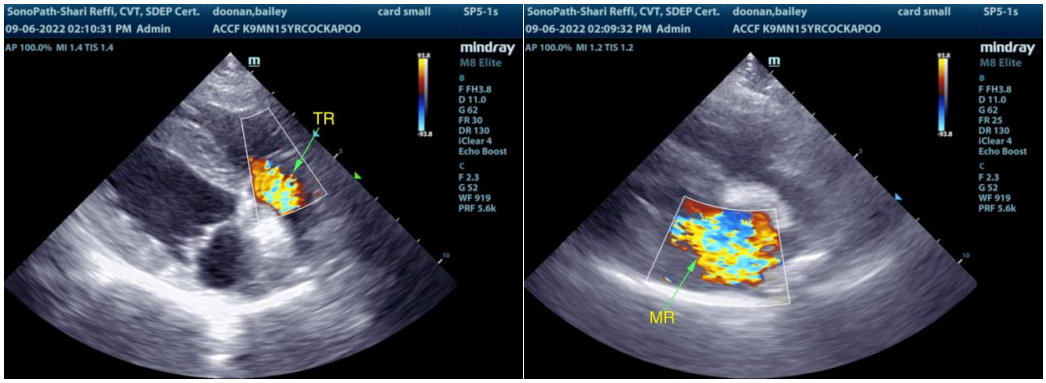
ULTRASONOGRAPHIC FINDINGS

- Compensated static chronic mitral valve disease (ACVIM B1)
- TR - estimated pulmonary pressure gradient (~40 mmHg MAX), suggestive of mild pulmonary hypertension
- Minor aortic insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of progressive LA/LV enlargement secondary to chronic mitral valve disease and eccentric mitral valve insufficiency. The estimated pulmonary pressure gradient based on measured TR velocity suggests mild pulmonary hypertension. In cases of mild pulmonary hypertension, underlying etiology may not be definitively obvious in cases other than documented heartworm disease. Consideration for potential chronic lower airway disease may be Indicated given the patient's coughing. No evidence of left heart volume overload as a contributing factor.

Given the presence of mild pulmonary hypertension in conjunction with respiratory signs, a low-dose Sildenafil trial initially 0.5 mg/kg PO BID may be considered with an assessment of clinical response. Potential titration up to 1.0-2.0 mg/kg BID target dose, if consistent coughing or progressive clinical signs which may indicate progressive pulmonary hypertension, could be considered. Three-view chest radiographs, if not recently done, are recommended. No evidence of hepatic congestion on brief sonographic assessment of the cranial abdomen. Recheck echocardiogram is suggested in 6 months, sooner if progressive clinical signs or evidence of left heart congestion.



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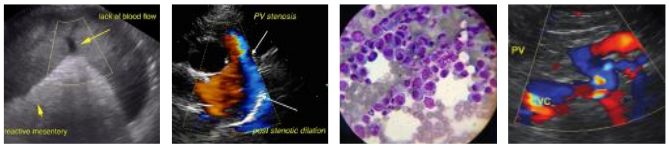

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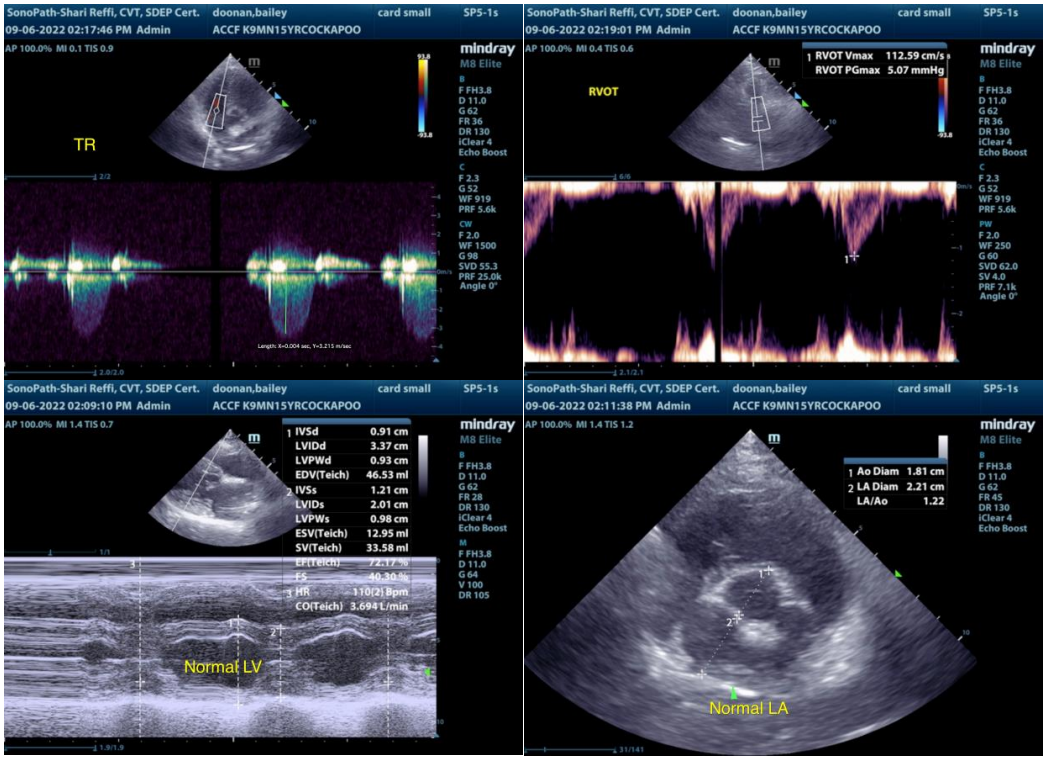

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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