

PATIENT PRESENTING CLINICAL SIGNS

Bailey Tramontano Patient presents for cardiomegaly, tracheal elevation.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine
BREED
Cavalier King Charles
SEX
Intact Female
AGE
10 Years
WEIGHT
21.7 Pounds

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	5.2	1.6	NM	2.1	32	61.5	0.23
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	76	1.1	0.8		4.5	4.0	

Cardiac Presentation

The echocardiogram for this patient presented moderately excessive **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 eccentric insufficiency. The **left ventricle** presented normal thicknesses with maintained linear contour with increased left ventricular 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 B2, potential emerging stage C)
- Mild tricuspid valve insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes with primary mitral valve and mild tricuspid valve insufficiency. The moderate left atrial enlargement as well as increased left ventricular volume indicate that the risk of current or future complication is elevated. No other clinical issues such

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional

REFERRING VET

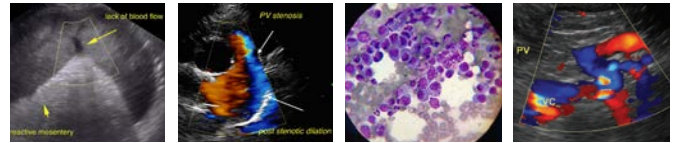
Dr. Cattiny

INVOICE

25246

DATE

9/8/21



PATIENT

Bailey Tramontano

as systolic dysfunction or evidence of clinical pulmonary hypertension were noted. Pimobendan 0.3 mg/kg PO BID as well as a weak diuretic (assuming no evidence of pulmonary edema on thoracic radiographs) such as Spironolactone 2 mg/kg PO BID recommended at this stage. Baseline monitoring of resting respiration rate is recommended. This patient is at increased anesthetic risk and/or fluid overload. Recheck echocardiogram suggested in 4-6 months to assess for evidence of progression, sooner if clinical signs (exercise intolerance, elevated resting respiration rate, coughing, etc.) are noted.

SPECIES

Canine

BREED

Cavalier King Charles

SEX

Intact Female

AGE

10 Years

WEIGHT

21.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

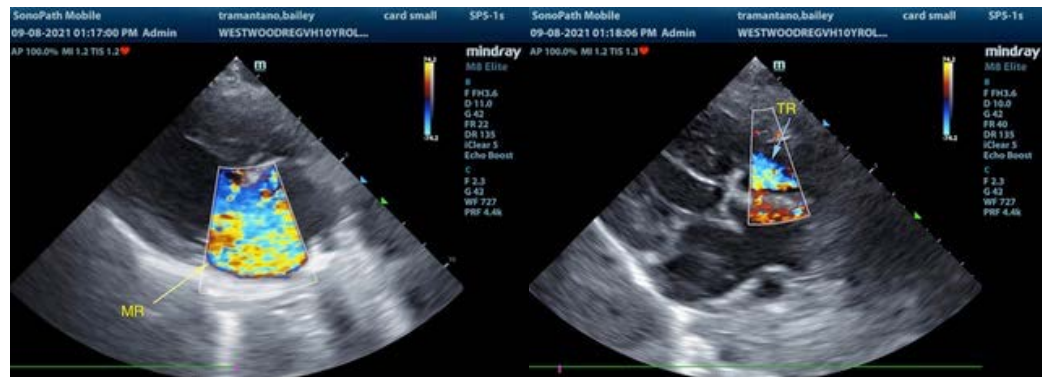
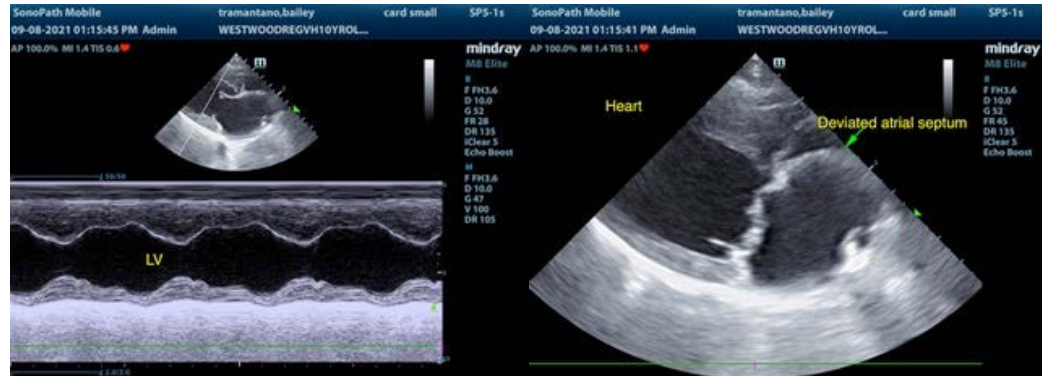
Kelly Vazquez

HOSPITAL NAME

Westwood Regional

REFERRING VET

Dr. Cattiny



INVOICE

25246

DATE

9/8/21

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