



PATIENT

Daisy Obligation

SPECIES

Canine

BREED

Pitbull Terrier Mix

SEX

Spayed Female

AGE

7 Years 5 Months

WEIGHT

42 Pounds

PRESENTING CLINICAL SIGNS

History: Patient presents for grade3-4/6 heart murmur. Current meds: Proin 50 mgs, Apoquel, HW/F&T preventatives.

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	5.1	1.3	1.2	1.3	37%	47%	5.1mm
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	NM	1.24	0.85	19	2.3	4.45	2.78

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Well Pet AH

REFERRING VET

Dr. David Wellington

INVOICE

20503

DATE

1/9/23

Cardiac Presentation

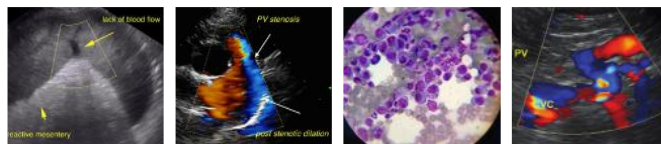
The **left atrium** is of normal size with no evidence of smoke or thrombus formation. The **left ventricle** is normal in diameter with normal wall thickness and demonstrates good systolic function. The **right atrium** is subjectively of normal size and **right ventricle** dimensions and systolic function are subjectively normal. There is mild to moderate **mitral valve** regurgitation and mild **tricuspid valve** regurgitation noted, with irregular thickening of the valve leaflets. There was no evidence of chordae tendineae rupture or valvular prolapse in either valve and no vegetative lesions were seen. The **aortic** and **pulmonary valves** both exhibit normal appearance and function – there is trivial pulmonic insufficiency present, which is not significant. The **main pulmonary artery** appears normal. There is no evidence of pulmonary hypertension. No pericardial/pleural effusion or cardiac masses are seen. There is no evidence of an arrhythmia.

ULTRASONOGRAPHIC FINDINGS

- Myxomatous mitral valve disease – Stage B1.
- Myxomatous tricuspid valve disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- No cardiac medication is warranted at this time, and there are no contraindications to her current medication regimen.
- Daily monitoring of the sleeping respiratory rate at home is recommended, and if the sleeping respiratory exceeds 35 breaths per minute, then a prompt recheck physical examination and chest radiographs to assess for pulmonary edema would be warranted.



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- The patient may benefit from a cardiac diet such as Purina's "CardioCare" veterinary diet.
- Recheck echocardiogram is recommended in 6-8 months. MMVD is a progressive disease, and while no medication is warranted now, it may be beneficial in the future.
- If anesthesia is needed, the following recommendations are suggested:

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- Avoid a-2 agonists such as dexmedetomidine and xylazine.
- Pre-medication with an opiate and a benzodiazepine is recommended. Additionally, Gabapentin 10mg/kg PO and trazodone 5mg/kg PO given first thing in the morning on the day of the procedure can further reduce inhalant anesthetic requirements.

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- Pre-oxygenation, followed by induction with propofol or alfaxalone is recommended, followed by maintenance with isoflurane or sevoflurane.
- When feasible, the use of local anesthetic blocks can decrease maintenance anesthetic requirements.

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- Moderate use of IV fluids throughout the procedure is recommended, with a starting dose of 3-5ml/kg/hr, with modest increases as needed to support blood pressure, but not to exceed a total volume of 20-30ml/kg for the procedure. The minimum volume necessary to maintain adequate blood pressure is desirable.

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- Use atropine, if necessary, to maintain a HR > 90 throughout the procedure. If available, a dopamine or dobutamine CRI can be used for additional blood pressure support if the patient experiences hypotension.

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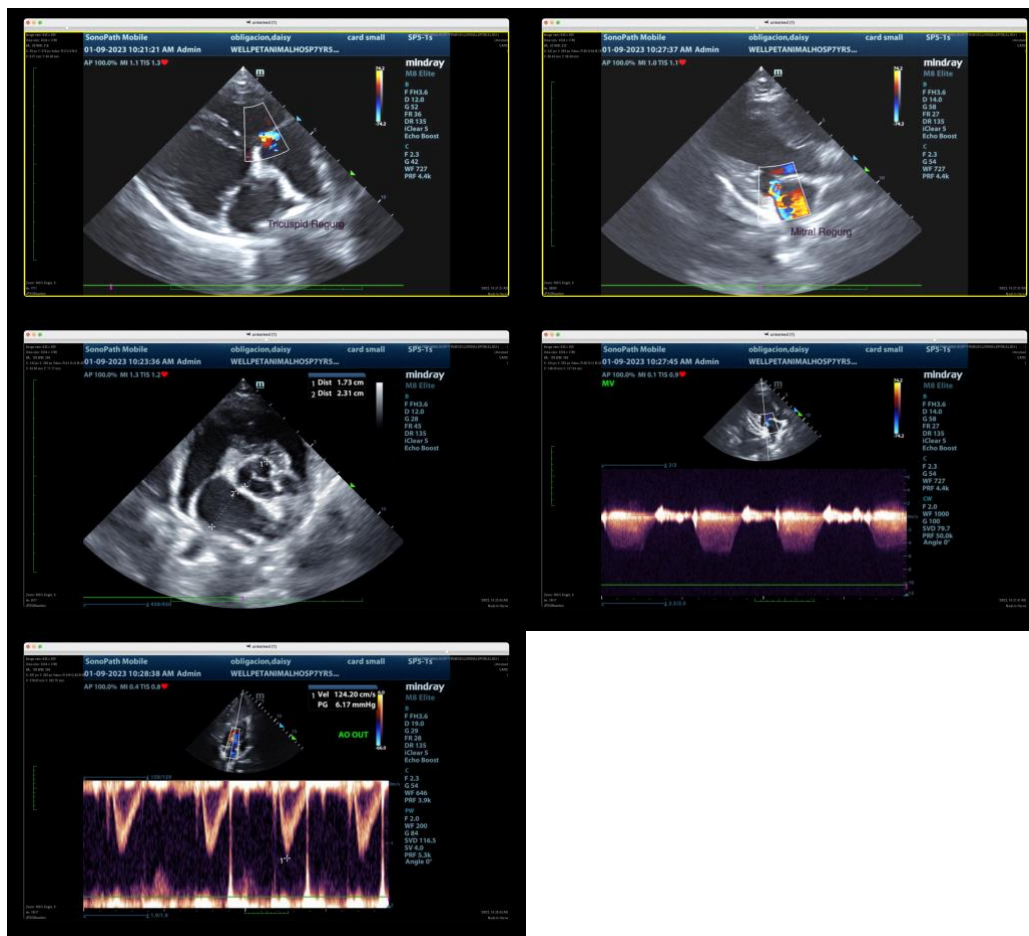
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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