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Clinical Sonography & Telecytology
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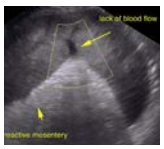
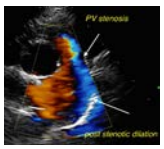
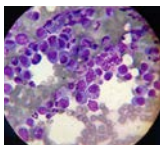
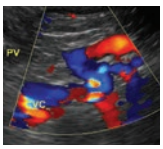





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Priscilla Krieger

SPECIES

Canine

BREED

Chihuahua X

SEX

Spayed Female

AGE

11 Year 3 Months

WEIGHT

9.12 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Amanda Crook – SDEP Certified Clinical Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Cora Holloman

INVOICE

33904

DATE

1/1/22

PRESENTING CLINICAL SIGNS

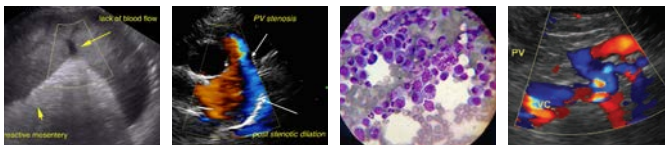
Historical heart murmur, diagnosed with CFH in late september 2021, started on PO pimobenden and furosemide. O finished the Rxs and did not refill. pt had an episode at home this morning where she collapsed, seemed out of it and was moaning, defecated on herself. O says she did not have tremors. On PE pt has a left systolic heart murmur V/VI. moderate pulmonary crackles bilaterally. gums are pale pink. pt has a RR of 55 but does not have increased effort and appears comfortable on room air. pulses s/s Pt has a history of mammary masses that were removed surgically when she was spayed last year. today it is noted that there are small areas of regrowth in the left caudal mammary chain and right cranial mammary chain.
Abnormal PE/Chem/CBC/UA Results: 1/1/22 CBC - WNL, CHEM - Amyl 388 Medications: none, prescribed meds 9/2021, O stopped pimobenden and furosemide Radiographs - see attached - cardiomegaly, very rounded heart on VD, VTH is 12. mild pulmonary edema

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	6.5	3.6	NM	2.3	63	92	0.1
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	127		1.9		3.31	2.89	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Atrial septal deviation noted. Complete filling of the left atrium noted on color flow assessment of the mitral valve. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. Prolapse of the anterior mitral valve leaflet noted. 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** insufficiency noted at 3.6 m/sec. 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



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mediastinum and pericardial regions were free of masses in the visible window. Hepatic veins were not overtly dilated.

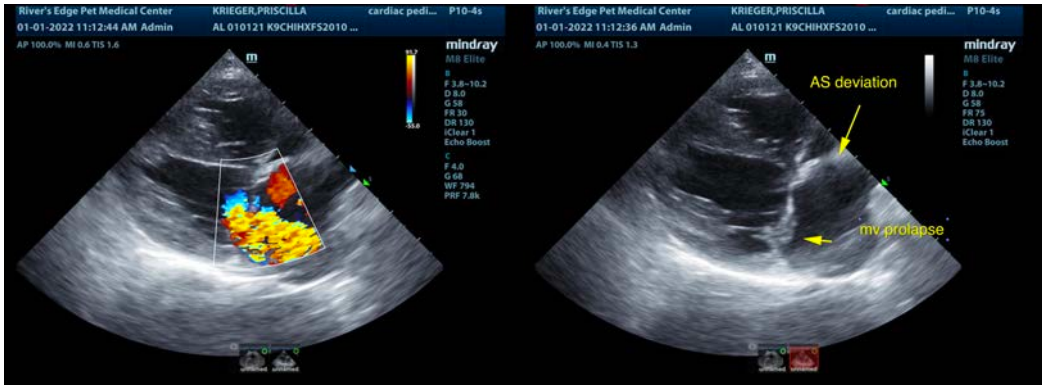
ULTRASONOGRAPHIC FINDINGS

- Mitral and tricuspid insufficiency with moderate pulmonary hypertension
- Moderate left atrial enlargement with mitral valve prolapse

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend augmenting therapy in order to reduce left atrial volume, adding ACE inhibitor 0.5 mg/kg SID progressing to BID and Spironolactone at 1-2 mg/kg BID. Blood pressure should be measured to ensure systolic pressure is <160, and consider paroxysmal arrhythmia, which may be playing a role. Holter monitor would be ideal depending upon response to therapy. Target respiratory rate <20/min. Advanced Stage B2 to early C1 valvular disease with mitral valve prolapse.

B2/C1: The heart is in a somewhat precarious state with volume overload and a heart that is working to compensate for the valvular insufficiency. Target respiratory rate is < 20 resp/minute after therapy. After initiating therapy, I recommend recheck on the clinical exam, BUN, Creatinine, USG, Chest radiographs & Blood pressure in 5-7 days. Recheck echo in 1 month. Earlier if clinical decompensation is occurring. I do not recommend anesthesia at this time until stabilization has occurred on the recommended medications. Repeat preanesthetic echo is ideal if anesthesia is eventually necessary



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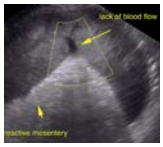
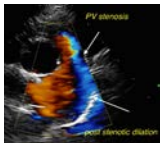
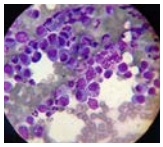
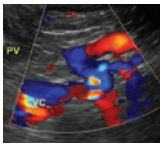

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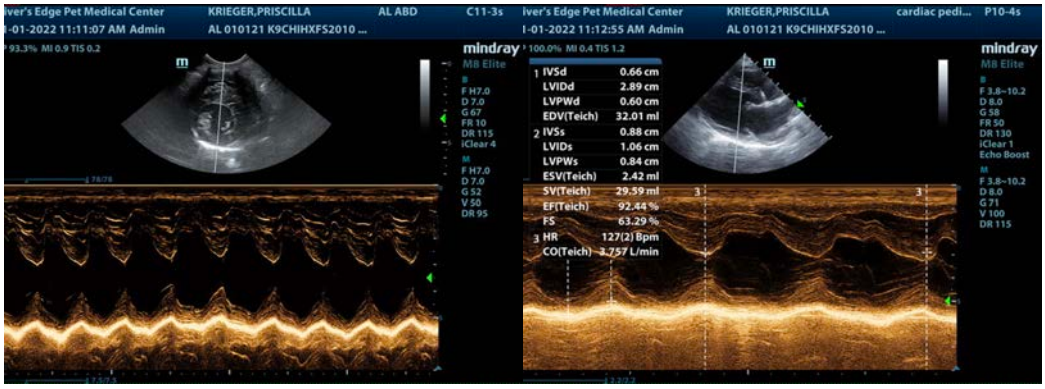

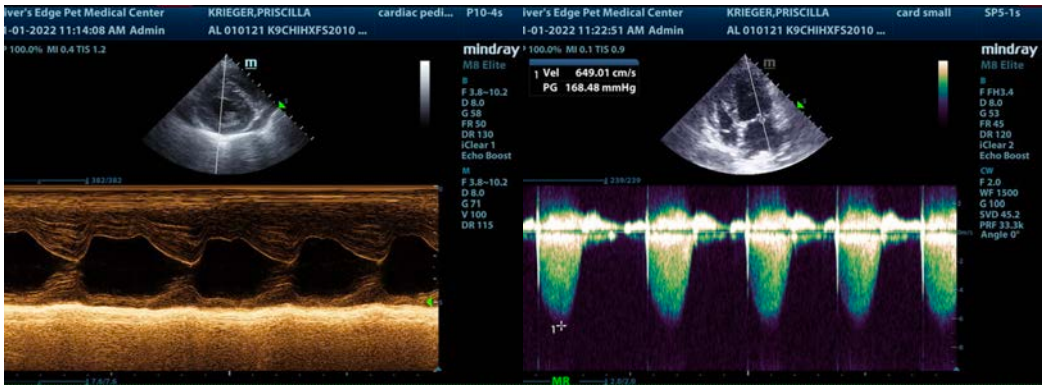

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com