



PATIENT PRESENTING CLINICAL SIGNS

Ricky Pangert Cardiomegaly, heart murmur 3/6 (history of ITP), ProBNP 494. On thyroid med: 1/2 of 0.1 mg tab BID. Abnormal PE/Chem/CBC/UA Results: CBC/Chem: WNL.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

10 years

WEIGHT

6.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Legacy AH

REFERRING VET

Dr. Pontezone

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 endocardiosis. There was slight prolapse of the anterior mitral valve leaflet. Doppler indicated measurable 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. Trivial **tricuspid** insufficiency 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). A large amount of thoracic fat was noted in this patient.

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	6.0		NM	1.3	44	78	NM
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)	(kg)	2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	112	1.17	0.89		1.93 max	1.92	

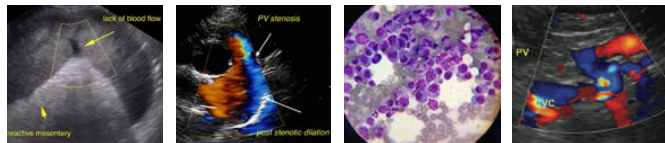
ULTRASONOGRAPHIC FINDINGS

INVOICE Stage B1 valvular disease with slight mitral valve prolapse.

95073 Large amount of thoracic fat.

DATE

1/10/22



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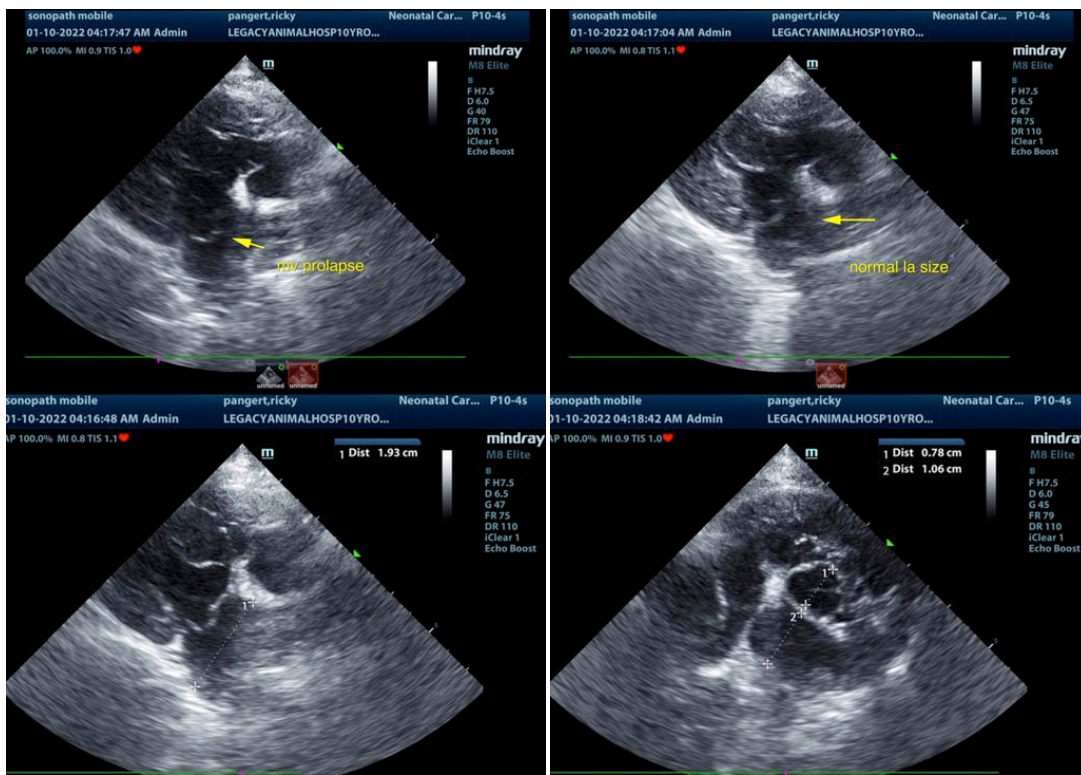
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of volume overload. However, the mitral valve is precarious. Lung expansion may be an issue given the large amount of thoracic fat. There is no overt contraindication to anesthetic procedure in this patient as there is no volume overload and normal function. However, I do recommend avoiding excessive tachycardia given the fragility of the mitral valve apparatus and ensuring that adequate ventilation occurs during sedation procedure and pulse oximetry is monitored carefully.

B1: The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflurane maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target white coat negative systolic pressure of < 160 mmHg. If higher than this ACE-inhibitor is suggested to reach this level. Recheck echocardiogram is recommended in 6 months, earlier if murmur grade increases or clinical signs initiate.





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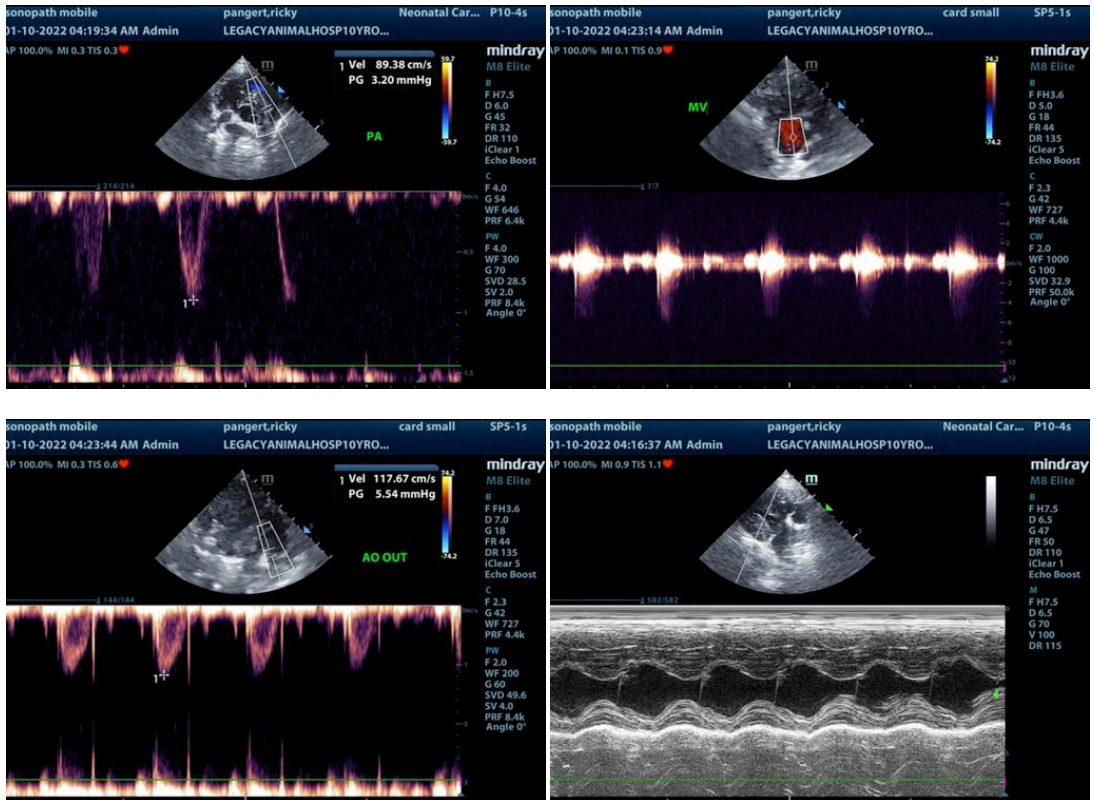
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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