



PATIENT

Shake N Bake Manor
Sivawne

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered male

AGE

11 years

WEIGHT

11.6 kg

PRESENTING CLINICAL SIGNS

Developed at moderate heart murmur within the last 6m. Grade 3/6. Owner reports that has developed an infrequent harsh honking cough in the past few weeks. Heart rate and RRR are well within normal. BP --99/80 Had MCT removal X2 (low grade) removed recently.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated enlarged **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. Slight prolapse of the anterior mitral valve leaflet was noted. 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. **Tricuspid** insufficiency was noted. This is consistent with mild pulmonary hypertension. 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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. van Campen

HOSPITAL NAME

Mississippi Mills AH

REFERRING VET

Dr. van Campen

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	6.02	3.5	NM	2.2	49	81	0.1
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		1.25	0.6	11.6 kg	3.88 max	3.28	

INVOICE

95201

DATE

1/12/22

ULTRASONOGRAPHIC FINDINGS

Mitral insufficiency.

Prolapse of the anterior mitral valve leaflet and moderate left atrial enlargement.

Stage B2 valvular disease.



PATIENT

Shake N Bake Manor
Sivawne

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered male

AGE

11 years

WEIGHT

11.6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. van Campen

HOSPITAL NAME

Mississippi Mills AH

REFERRING VET

Dr. van Campen

INVOICE

95201

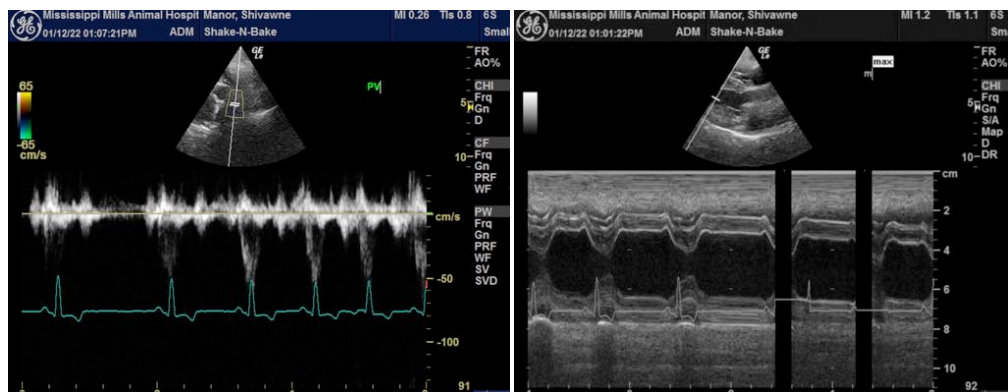
DATE

1/12/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend an aggressive B2 approach in this patient with Pimobendan at 0.3 mg/kg b.i.d. Ace inhibitor 0.5 mg/kg s.i.d. progressing to b.i.d. and Spironolactone at 1-2 mg/kg b.i.d. IF necessary Lasix can be added if the cough is not resolving on the triple therapy. I believe that this patient is about to enter into stage C1.

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 pre-anesthetic echo is ideal if anesthesia is eventually necessary.





PATIENT

Shake N Bake Manor
Shivawne

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered male

AGE

11 years

WEIGHT

11.6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. van Campen

HOSPITAL NAME

Mississippi Mills AH

REFERRING VET

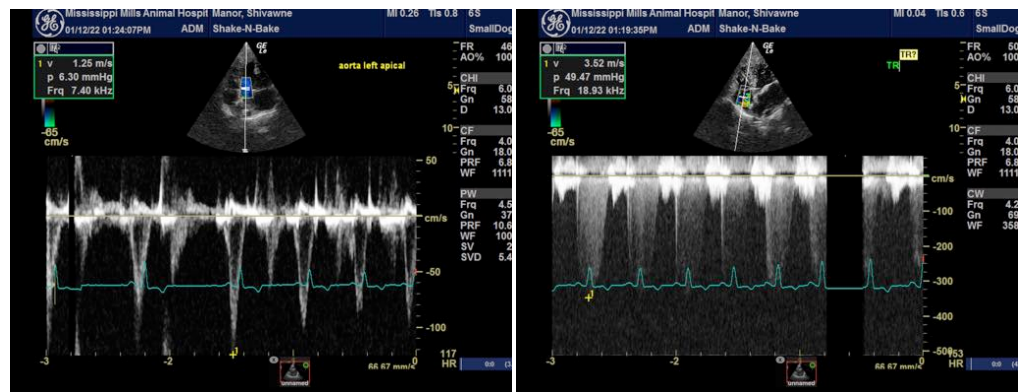
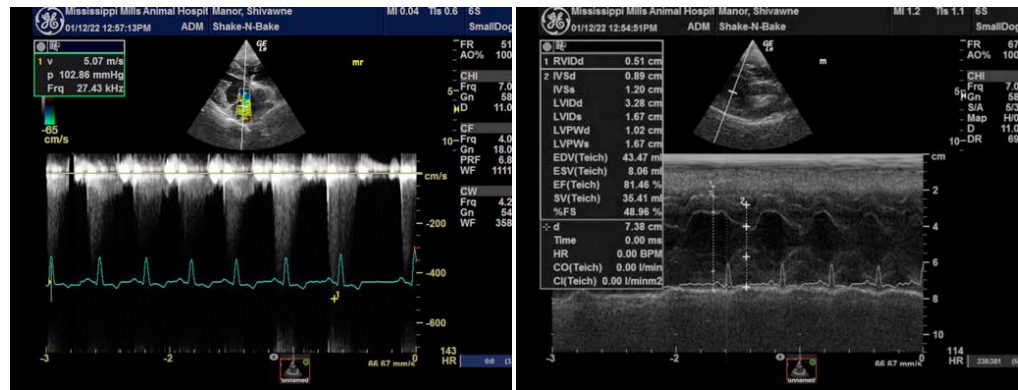
Dr. van Campen

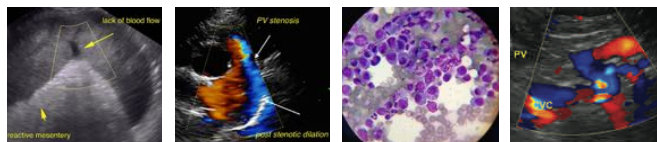
INVOICE

95201

DATE

1/12/22





PATIENT

Shake N Bake Manor
Sivawne

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered male

AGE

11 years

WEIGHT

11.6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. van Campen

HOSPITAL NAME

Mississippi Mills AH

REFERRING VET

Dr. van Campen

INVOICE

95201

DATE

1/12/22

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