



**PATIENT PRESENTING CLINICAL SIGNS**

Odin Bartusek

Patient presented for a second opinion on irregular heart beat. HR 30 bpm with 3 or 4 soft sounds followed by a normal heart sound. Patient is non clinical for heart disease and not on any cardiac medications. No history of syncope or cough. Patient does have little thoracic intention tremors every 5-10 minutes. Chest x rays attached. enlarged liver seen on lateral x rays.

**SPECIES**

Canine

**BREED**

Chihuahua Cross

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

5 kg

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

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. Doppler indicated trivial insufficiency, likely more of leakage based on arrhythmia as opposed to primary structural disease. 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** 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. Persistent bradyarrhythmia was noted.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Signall Hill Animal  
Clinic

**REFERRING VET**

Dr. Sweet

**INVOICE**

95585

**DATE**

1/26/22

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			1.0	1.0	69	96	NM
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		1.5		5		2.49	

**ULTRASONOGRAPHIC FINDINGS**

Trivial mitral insufficiency with severe bradyarrhythmia. Suspect heart block. MR is likely secondary to periods of bradycardia and physiological reflux.



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend treatment based on EKG findings. Pace maker may be appropriate depending upon EKG findings. No specific cardiac medications are warranted. However, the arrhythmia is significant and should be addressed as soon as possible. There was no evidence of volume overload.

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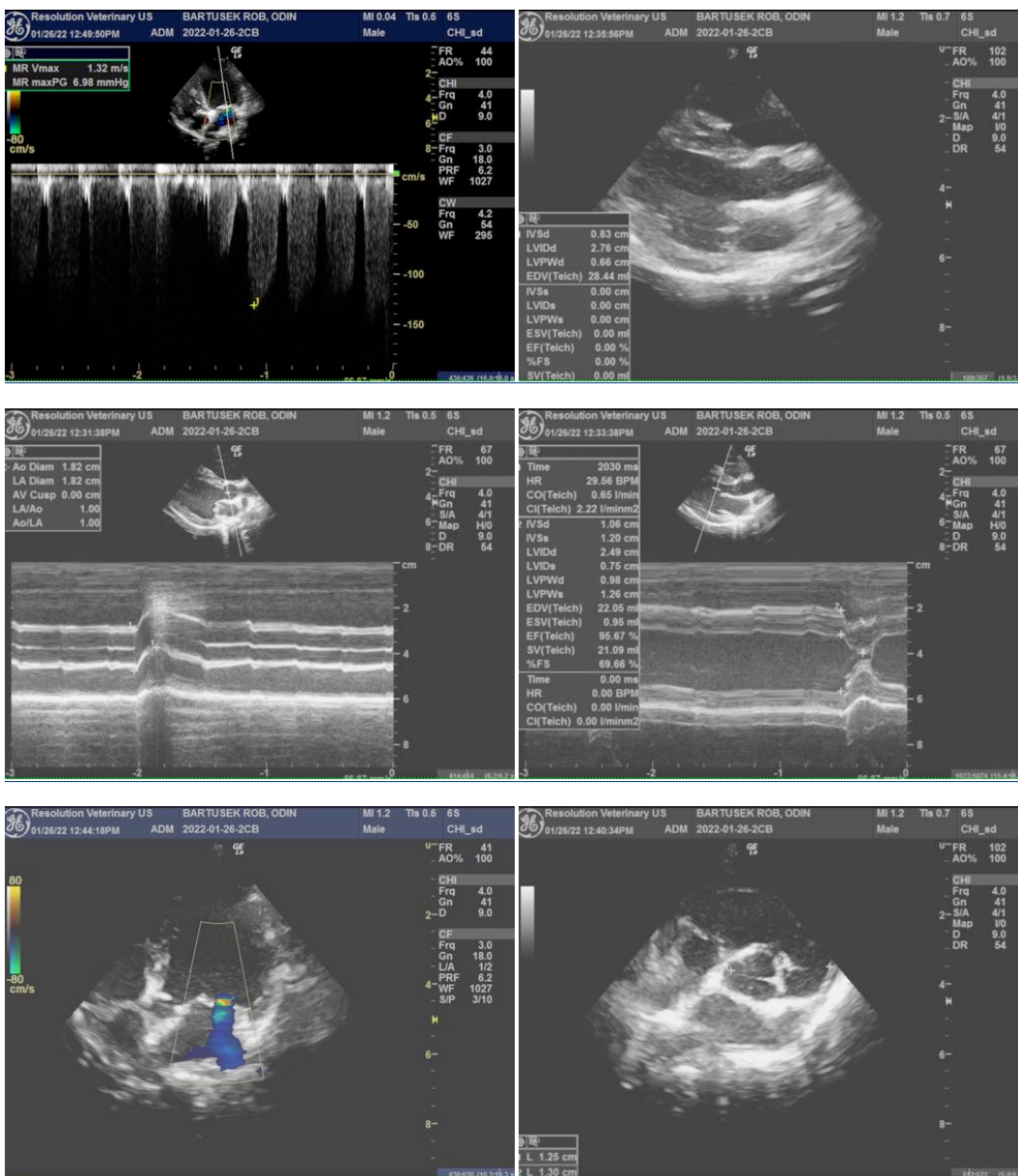
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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