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Clinical Sonography & Telecytology
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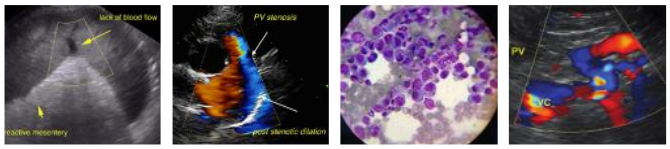

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Luna Len

SPECIES
Canine

BREED
Boxer

SEX
Spayed Female

AGE
10 Years

WEIGHT
70.1 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Westwood Regional VH

REFERRING VET
Dr. George Cattiny

INVOICE
13403

DATE
10/1/21

PRESENTING CLINICAL SIGNS

History: Cardiomegaly, holosystolic murmur 3/6. ProBNP pending.

Abnormal PE/Chem/CBC/UA Results:

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	6.0		NM	2.4	25	48	0.6
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	BELOW	BELOW	BELOW	BELOW
PATIENT	98	1.26	.94	--	5.09	4.91	--

Cardiac Presentation

The **left atrium** was moderately enlarged in this patient. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Eccentric mitral insufficiency jet noted in this patient. 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. Arrhythmogenic activity noted in this patient.

ULTRASONOGRAPHIC FINDINGS

- Mitral insufficiency
- Advanced stage B2 valvular disease with periodic arrhythmia

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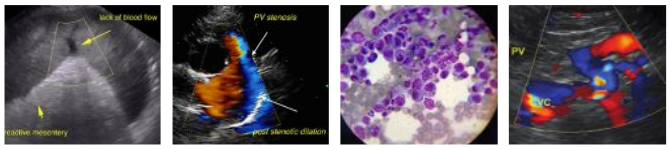

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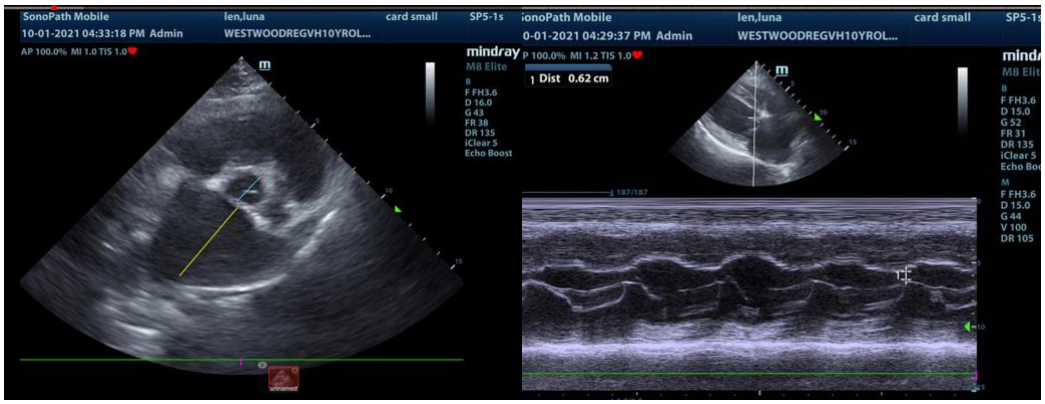
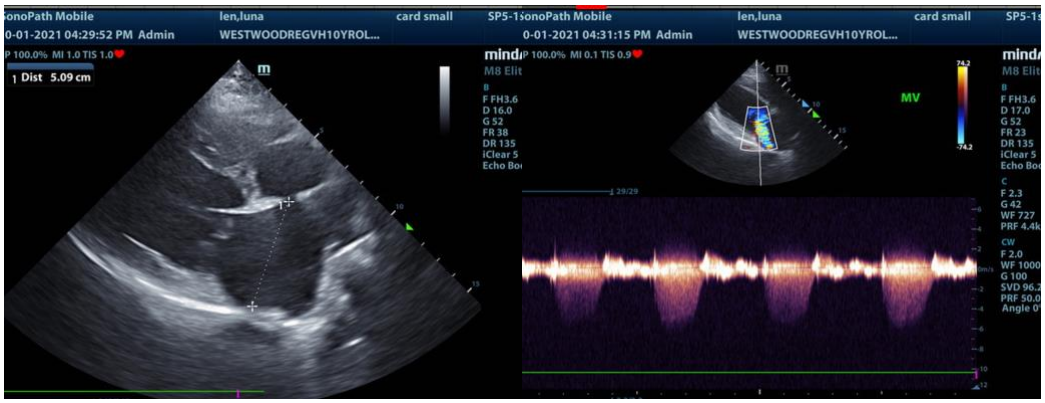
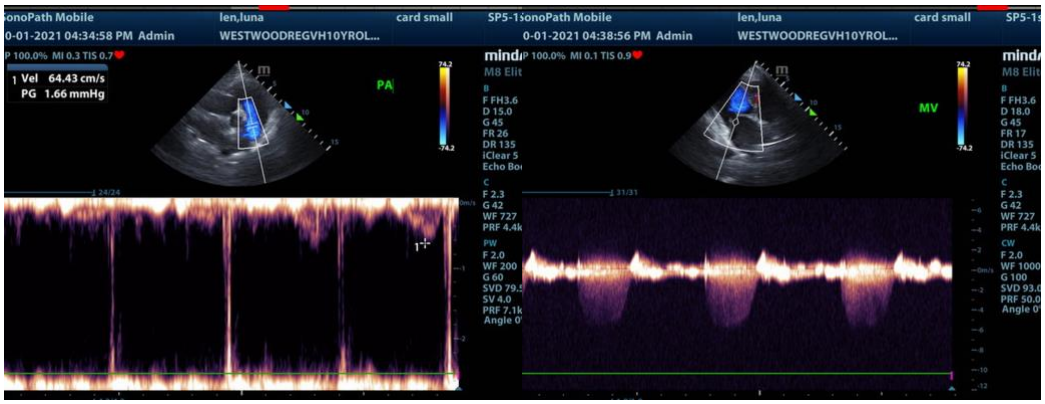
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend EKG or better yet holter monitor in this patient. Ace-inhibitor therapy warranted at 0.5 mg per kg SID progressing to BID and pimobendan at 0.3 mg per kg BID. If respiratory rate is >20 per minute, then low dose Lasix could be considered at 1-2 mg per kg BID. Given the evidence of volume overload, especially if radiographs imaged considerable cardiomegaly +/- early pulmonary edema. Recheck echo in 1 month. Concurrent boxer arrhythmogenic cardiomyopathy may also be present.







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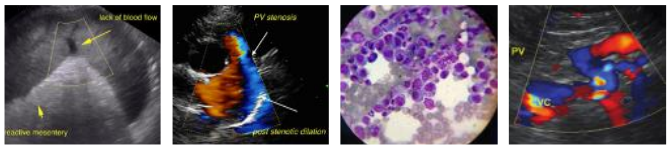

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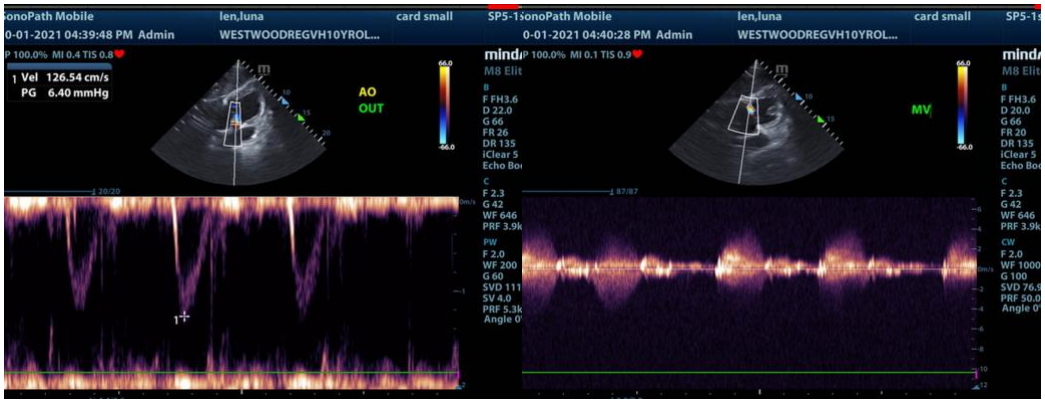

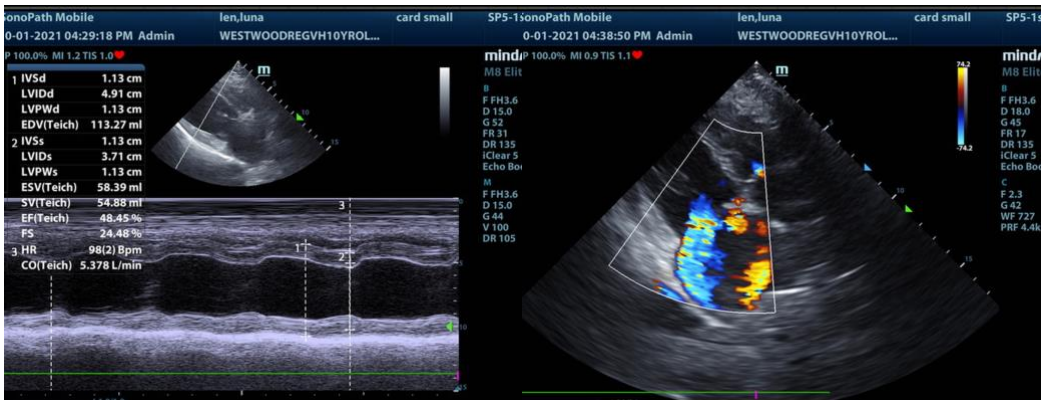

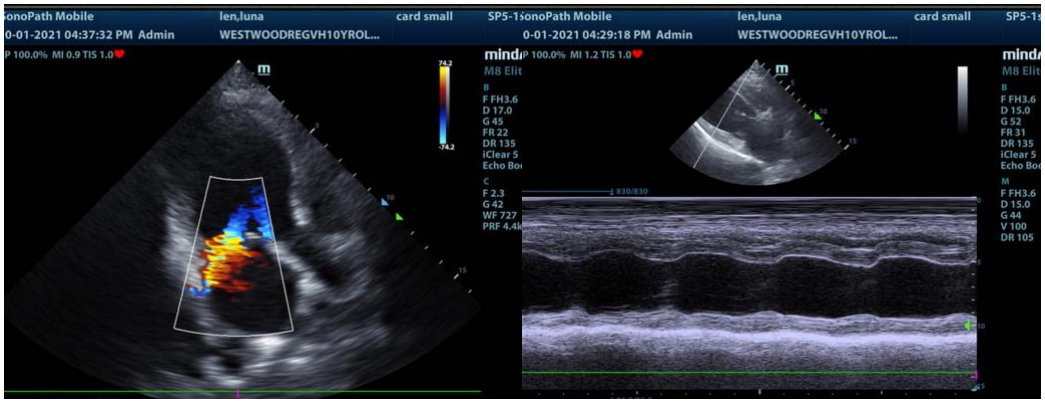

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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