



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Tuxedo Bailey **History:** Has always coughed but coughing more now than used to and O believes breathing heavier. Had what O describes as a collapsing episode (O doesn't think seizure) where he fell over.

SPECIES Canine **Abnormal PE/Chem/CBC/UA Results:** Lung auscultation - mild crackles heard near base of heart. Heart auscultation - 4/6 murmur heard, no arrhythmias. Femoral pulses - strong and synchronous. Thoracic radiographs show evidence of perihilar edema and distended pulmonary vessels. Cardiomegaly evident with dorsal deviation of trachea and increased sternal contact. Elevated SDMA, CREAT, BUN, Urinalysis not done

BREED

Shih Tzu

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX

Neutered male

AGE

15 years

WEIGHT

4.44 lbs

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. 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. **Aortic insufficiency** was noted as well measuring 0.4 cm. 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. Minor **pulmonic** insufficiency was noted. 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. Westcott

HOSPITAL NAME

Dr. Westcott

REFERRING VET

Dr. Westcott

INVOICE

92504

DATE

10/19/21

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	5.0	3.46	NM	1.91	54	86	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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	0.73	4.4 lbs	3.15 max	3.19	



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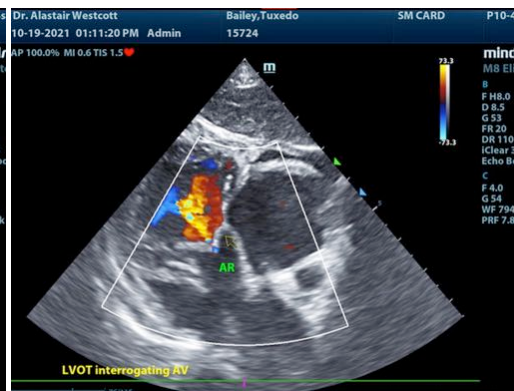
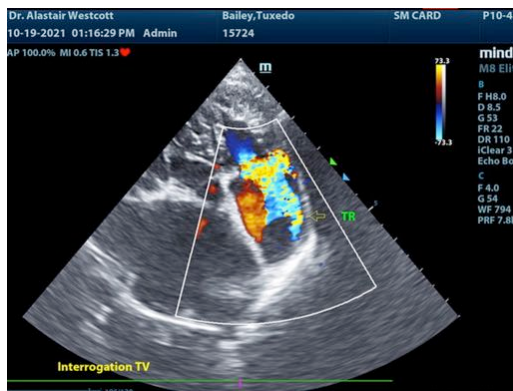
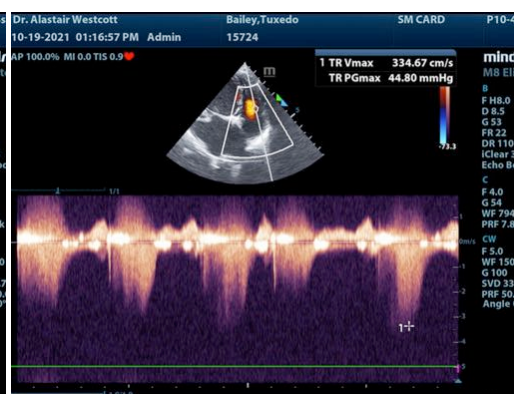
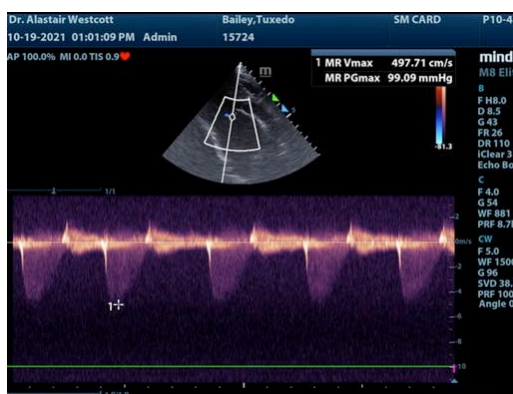
ULTRASONOGRAPHIC FINDINGS

Mitral and tricuspid insufficiency.

Left atrial enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend triple therapy in this patient. This is consistent with advanced stage B2. Pimobendan at 0.3 mg/kg b.i.d., ace inhibitor and Spironolactone at 1-2 mg/kg b.i.d. Immediate relief with Lasix at 1-2 mg/kg b.i.d. can also be considered and utilized to minimal effective dose. Recheck echocardiogram is recommended in 1 month. Blood pressure measurements are recommended. There is full justification for cardiac based syncope. Cage rest is recommended over the next 24 hours.





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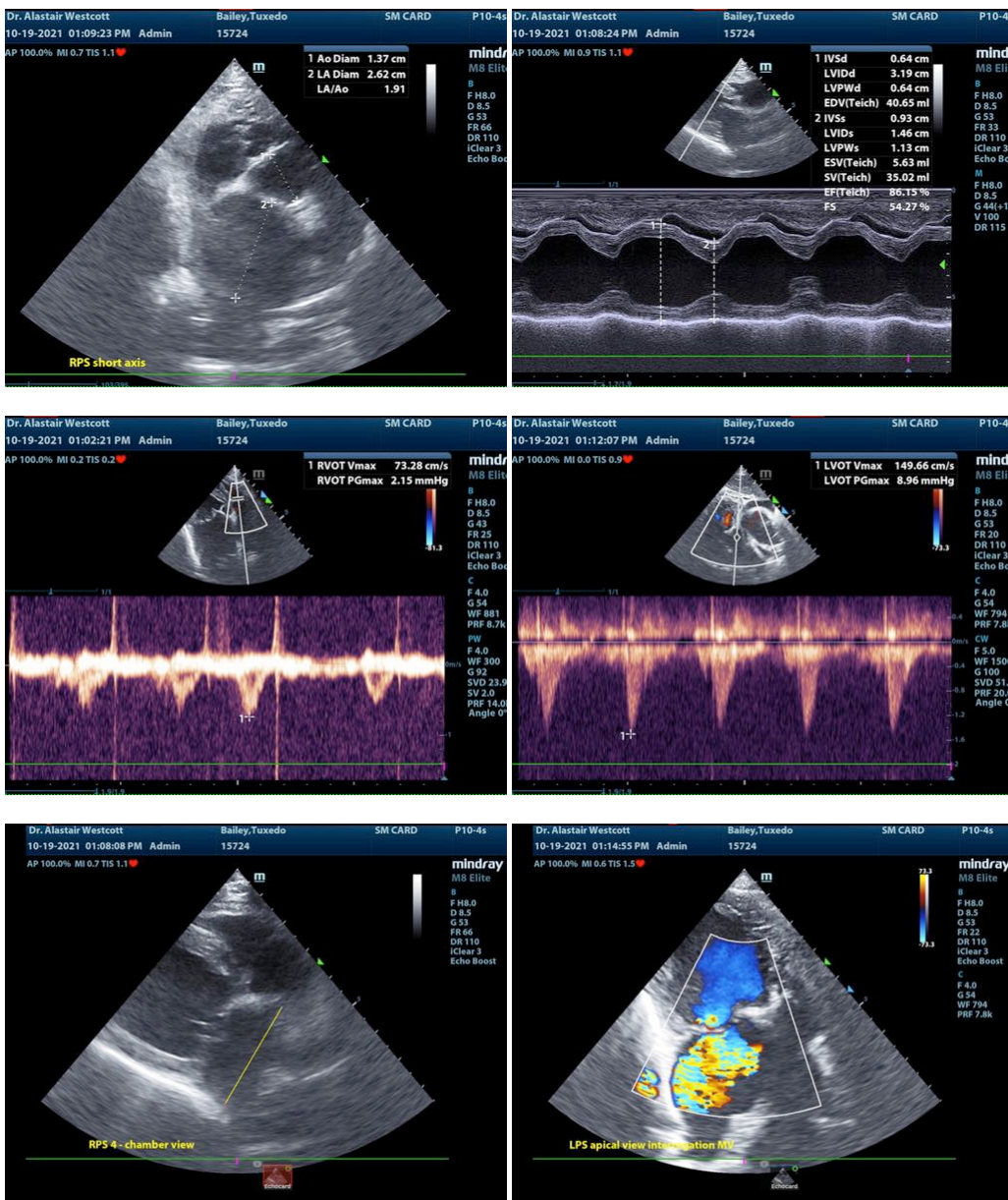
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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