

PATIENT

Esme Combs

SPECIES

Canine

BREED

Chihuahua

PRESENTING CLINICAL SIGNS

History: Esme has had two seizure-like episodes in the last 2 months. The first time, the owner saw Esme collapse and begin convulsing for about 30 seconds. She seemed to quickly recover. The second time the owner did not see the event but found her in the yard covered in mud with foam around her mouth. Esme has a history of a heart murmur that was 6/6 on exam 10/23/21. She has appeared neurologically normal for her exams. No history of arrhythmia, and femoral pulses are strong and synchronous. Lungs auscultate WNL, no history of lethargy or exercise intolerance.

Abnormal PE/Chem/CBC/UA Results: mild hyperphosphatemia

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX

Spayed Female

AGE

12 Years

WEIGHT

6.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

	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	--	1.3	1.57	50	84	0.1
	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	144	1.80	1.00	--	1.6	1.74	--

Cardiac Presentation

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Sundholm

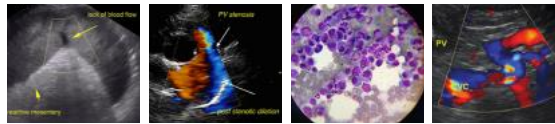
INVOICE NUMBER

14087

DATE

10/29/21

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 measurable insufficiency with an eccentric jet (fairly minor). 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



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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.

SPECIES **ULTRASONOGRAPHIC FINDINGS**

- Canine
- Stage B-1 valvular disease
 - Mitral insufficiency with an eccentric jet, fairly minor

BREED **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chihuahua
The heart is not the cause of the clinical signs in this patient. CT with contrast of the CNS recommended. Blood pressure measurements recommended. Assessment of BUN, creatinine, USG, chest radiographs and blood pressure as well as clinical exam ideal in 7-10 days. Basal respiratory rate should be <20/min. No cardiac medications recommended.

SEX

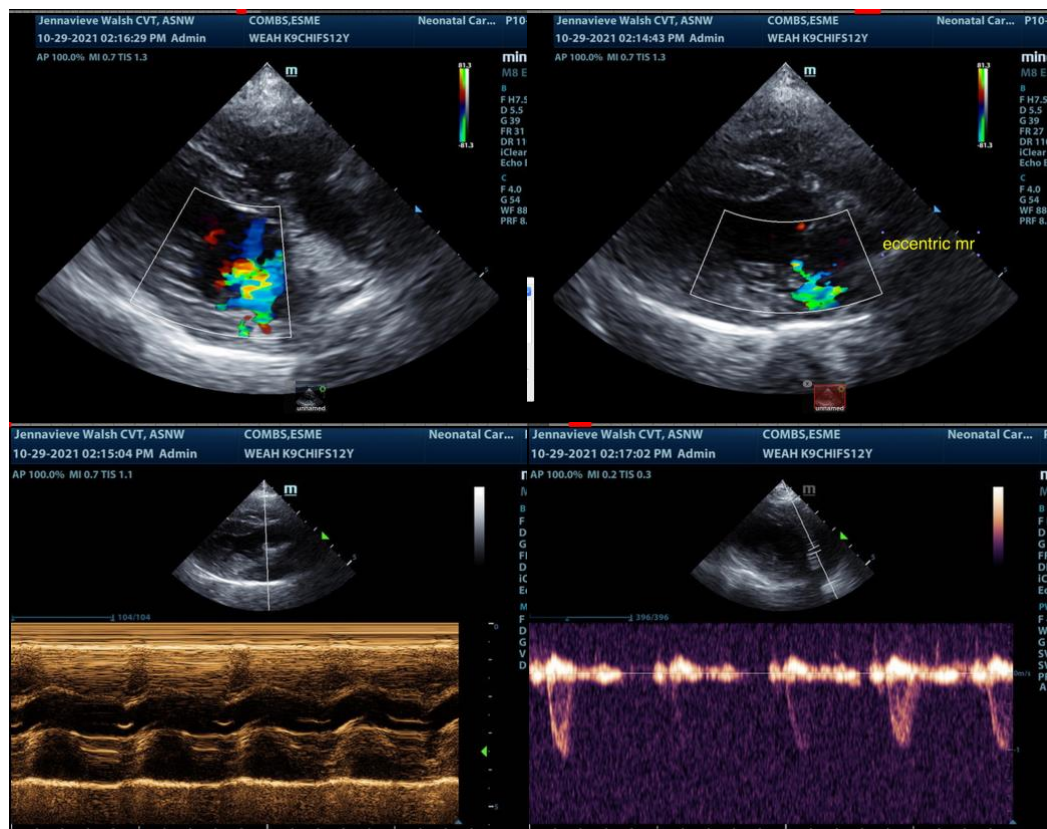
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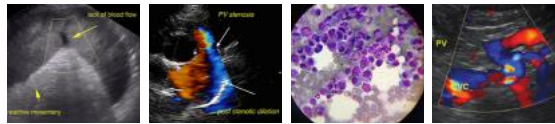
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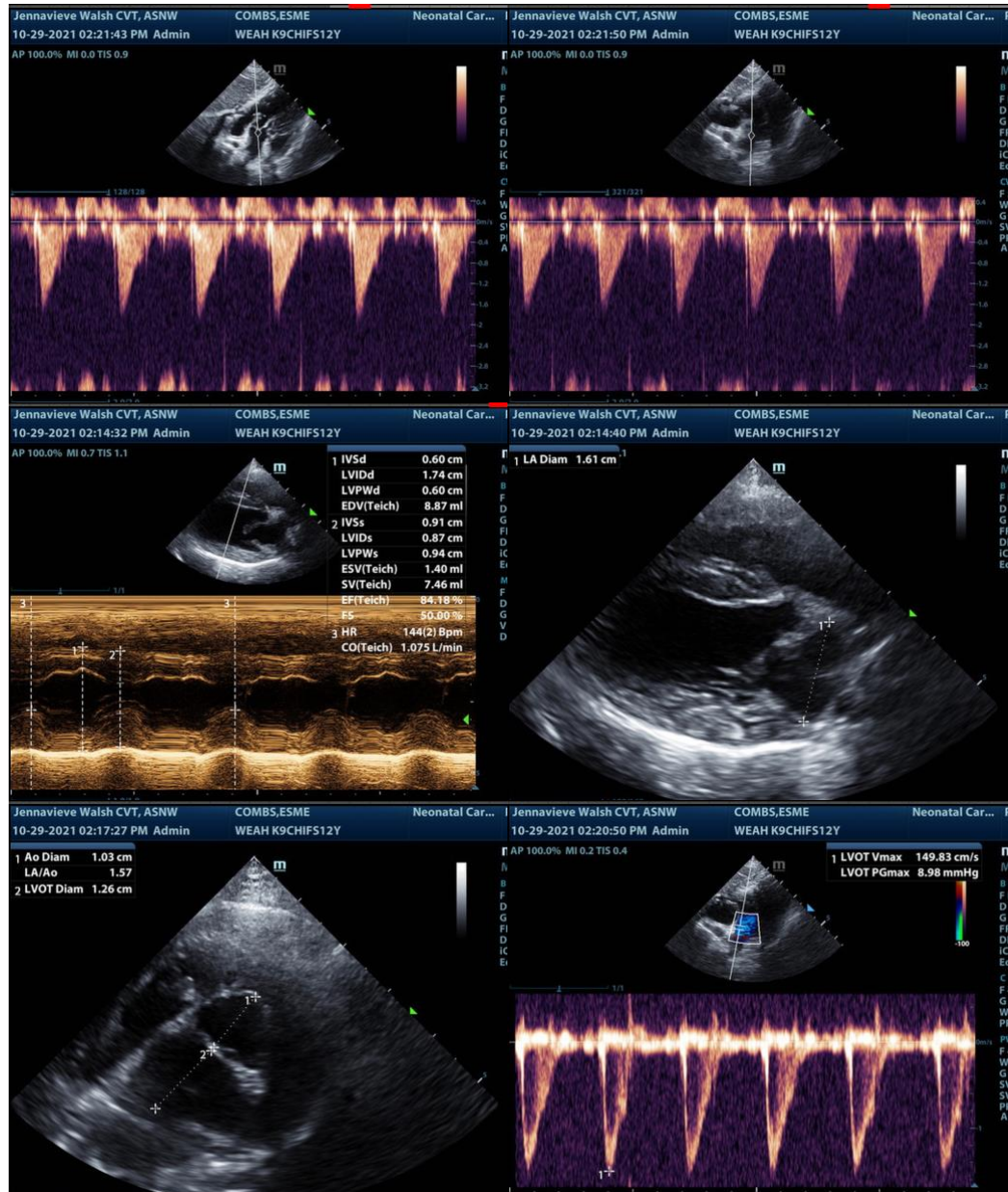
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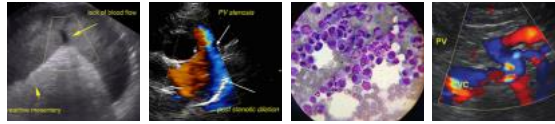
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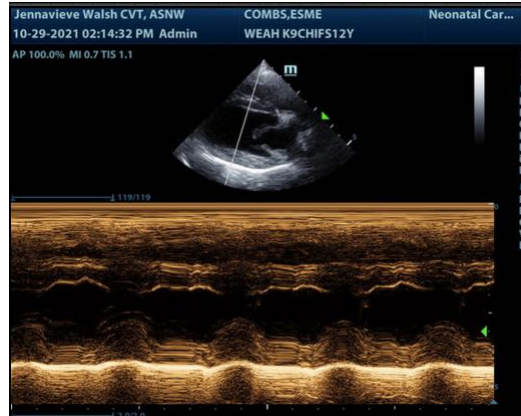
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
 Eric.Lindquist@SonoPath.com