


PATIENT

Chloe Tsukada

PRESENTING CLINICAL SIGNS

Assess grade 5/6 heart murmur, assess for anesthetic risk. Current meds: Vetmedin & Clavamox.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
BREED

Maltese

SEX

Spayed Female

AGE

12 Years

WEIGHT

8 Pounds

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		1.5	1.25	28	56	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	BELOW	BELOW	BELOW	BELOW
PATIENT	114	1.15	0.7		3.2	2.69	

Cardiac Presentation

The **left atrium** was slightly in large in this patient in the LA Max and LA/AO June Boon position. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. Mitral insufficiency jet was fairly centralized. Prolapse of the anterior mitral valve leaflet noted. 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.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal Paradise Hospital

REFERRING VET

Dr. Mostafa ElShafie

ULTRASONOGRAPHIC FINDINGS

- Mitral valve prolapse
- Mild residual left atrial enlargement

INVOICE

42408

DATE

10/31/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend blood pressures in this patient. If systolic pressure is >160, then ACE inhibitor therapy indicated +/- Spironolactone. However, the left atrial size is only minimally excessive and only in the LA Max position. There is mild anesthetic risk in this patient, mainly from the mitral valve prolapse. Minimal



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anesthetic time recommended if anesthesia is necessary for quality of life procedures in this patient. Torbutrol pre-med, Propofol induction, Isoflurane maintenance, and insurance that adequate respiratory ventilation is present to maintain adequately elevated pulse oximetry values. Recheck echo in 6 months, earlier if clinical signs initiate.

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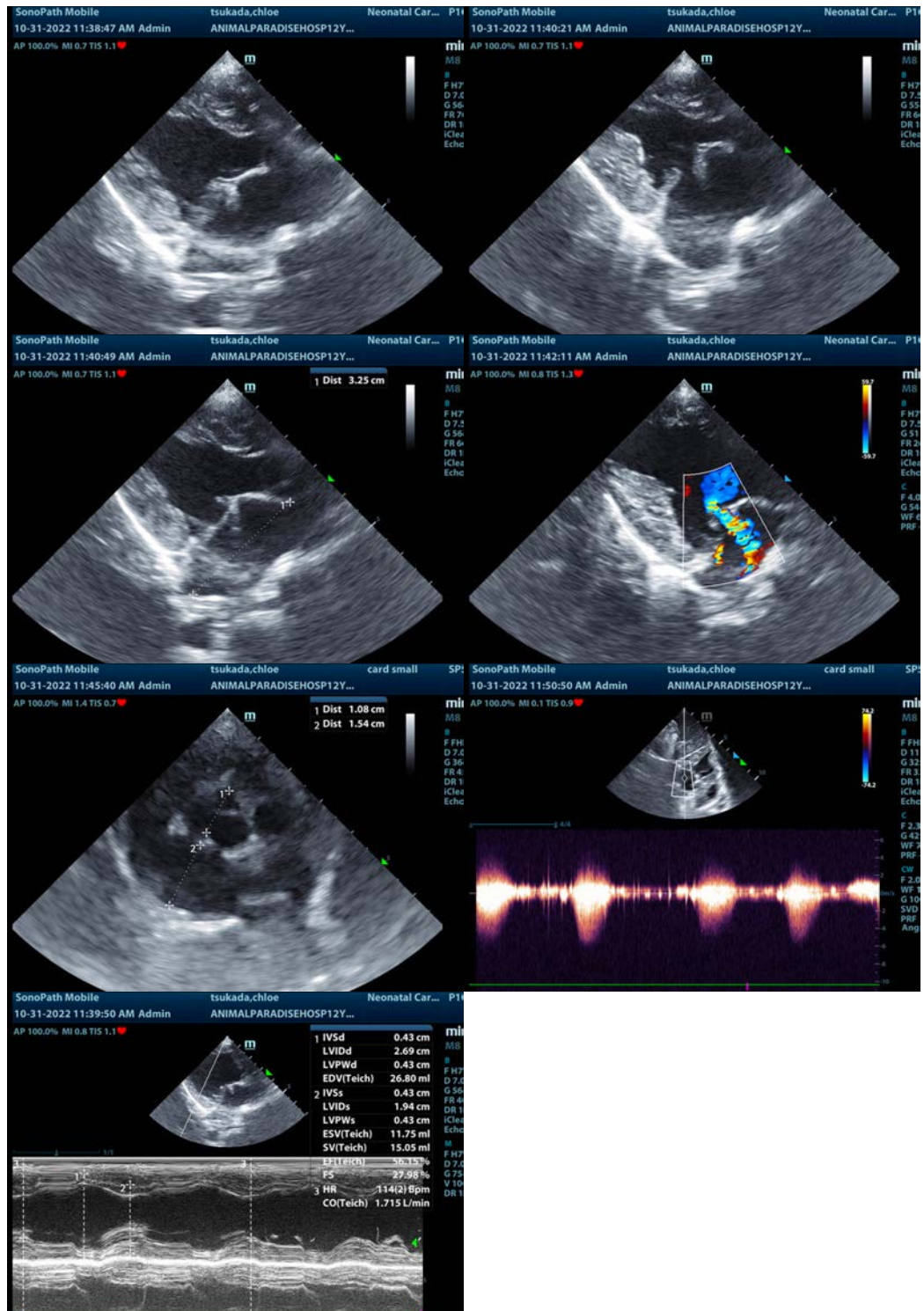
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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

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