



PATIENT

Babe Englishman

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

15 Years

WEIGHT

12.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Midland Park VH

REFERRING VET

Dr. John Shokoff

INVOICE

12542

DATE

11/15/21

PRESENTING CLINICAL SIGNS

History: Chronic cough - diagnosed elsewhere with collapsing trachea and bronchitis. Treated with theophylline, hydrocodone, and intermittent antibiotics and pred with variable response. Also has grade 3/6 systolic murmur so echo rec'd. Rads revealed cardiomegaly with possible small amount of pulmonary edema at hilus, so placed on Lasix until echo. Current meds: furosemide 18.75 mgs BID, Theophylline 50 mgs BID, and hydrocodone PRN.

Abnormal PE/Chem/CBC/UA Results: BUN 39, normal CRT, ALP 440.

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	5.5	--	NM	1.9	31	61	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	BELOW	BELOW	BELOW	BELOW
PATIENT	102	1.20	.50	--	3.09	3.08	--

Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. 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. 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** insufficiency noted at 2.0 m/s. 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.



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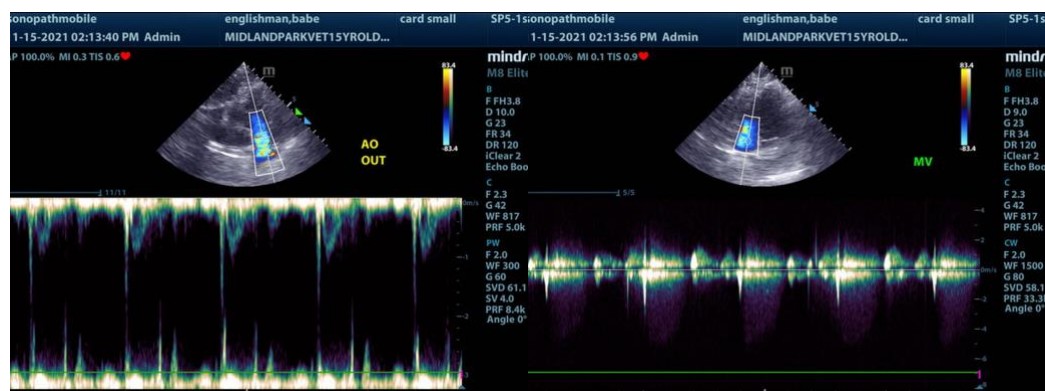
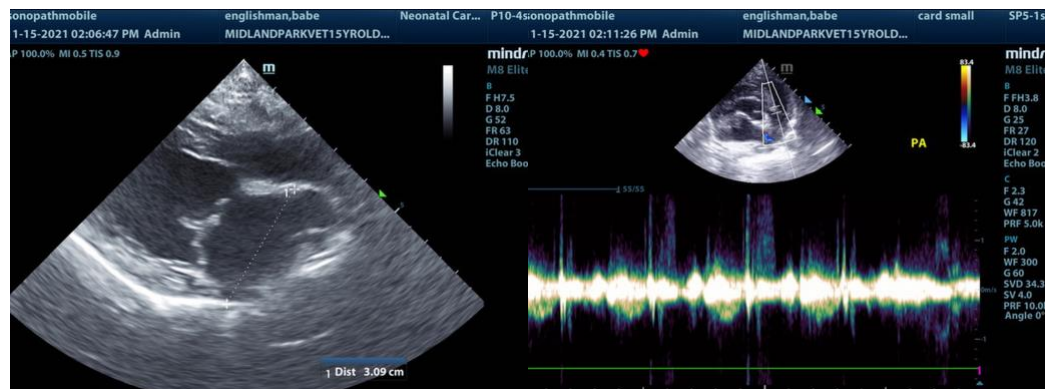
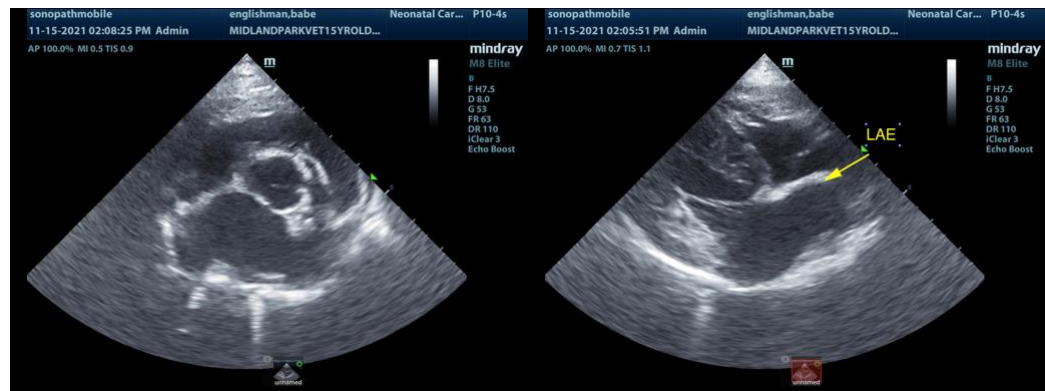
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ULTRASONOGRAPHIC FINDINGS

- Mitral insufficiency
- Left atrial enlargement
- Moderate Stage B-2 valvular disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pimobendan recommended at 0.3 mg per kg BID. Spironolactone could be considered at 1-2 mg per kg BID. If blood pressures revealed systolic pressure of > 160, then Ace-inhibitor therapy indicated.





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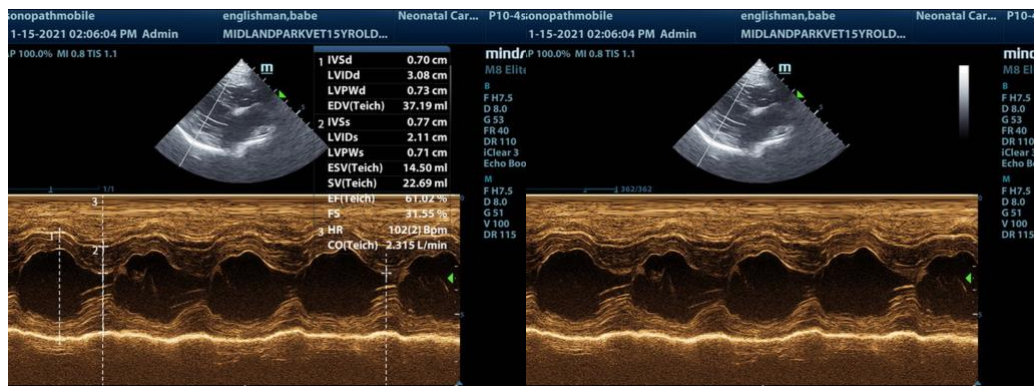
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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