


PATIENT PRESENTING CLINICAL SIGNS

Rocky Richardson Heart murmur, history of congestive heart failure. Mild tracheal collapse.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Chihuahua

The echocardiogram in this patient revealed severe left atrial enlargement with arrhythmogenic activity. Mitral valve prolapse and ruptured chordae tendineae over the left ventricle was noted. The contractility appeared to be adequately compensatory at this time. However, I am concerned for potential of serious arrhythmia and eventual left atrial rupture may be in the patient's future. The right heart was unremarkable other than tricuspid insufficiency, which is compensated at this time. The right atrium and right ventricle were unremarkable. No pericardial effusion or evidence of pulmonary edema.

SEX

Neutered male

AGE

13 years

INTERPRETED BY

 Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

 Eric Lindquist, DMV
 DABVP, Cert. IVUSS

HOSPITAL NAME

Butler VH

REFERRING VET

Dr. Garro

INVOICE

93116

DATE

11/16/21

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	5.69	2.8	NM	2.6	61	91	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				
PATIENT	152	1.54	0.84		4.36 max	3.83	

ULTRASONOGRAPHIC FINDINGS

Mitral and tricuspid insufficiency with arrhythmia and severe left atrial and left ventricular dilation. Ruptured chordae tendineae and mitral valve prolapse.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the current protocol I recommend increasing Lasix therapy and moving to t.i.d. Pimobendan. Target respiratory rate is less than 20/minute and cough control with Hycodan or similar cough suppression. Guarded long term prognosis. A recheck echocardiogram is recommended in 1-3 months depending upon response to clinical management.



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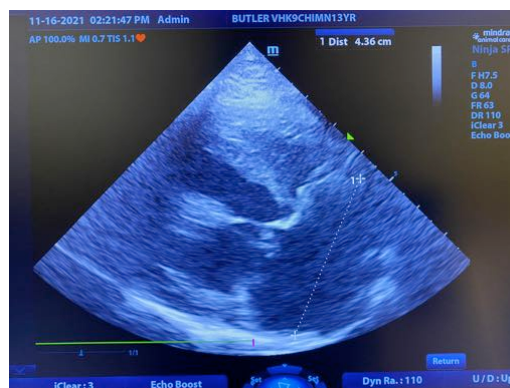
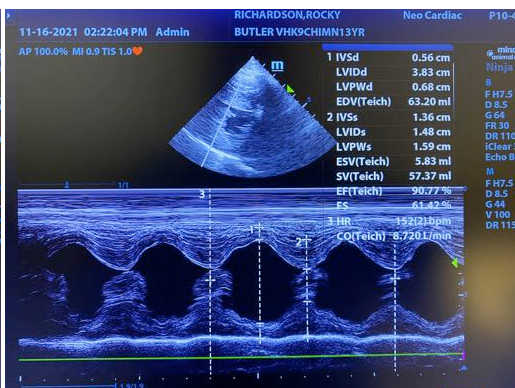
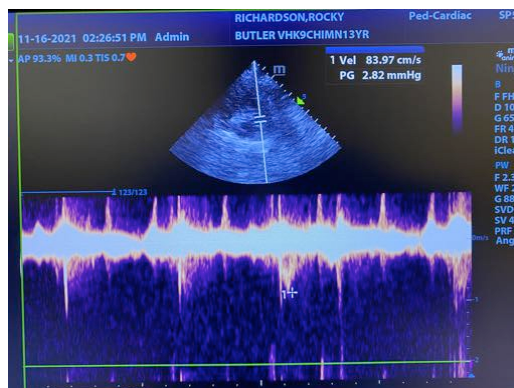
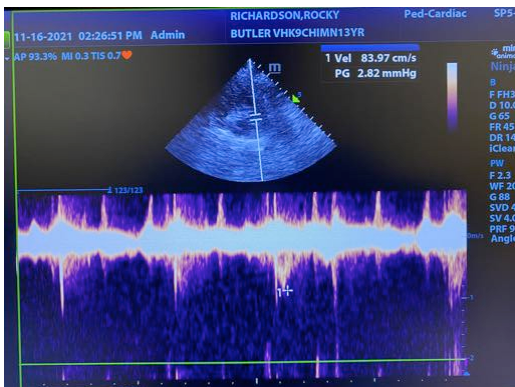
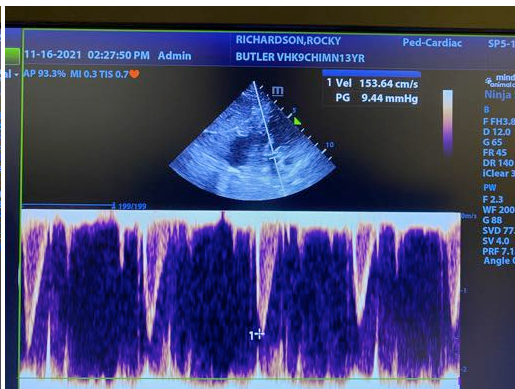
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the



PATIENT

image/video clips provided.

Rocky Richardson

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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