



PATIENT

Coco Aragon

SPECIES

Canine

BREED

Cairn Terrier

SEX

Neutered Male

AGE

17 Years 7 Months

WEIGHT

18.5 Pounds

PRESENTING CLINICAL SIGNS

Owner reports recent episodes of what sounds like syncope when patient gets excited or nervous. Patient will fall over then take but will recover and be back on his feet in about 20-30 seconds. Grade III murmur auscultated today, loudest on right side. No arrhythmia auscultated. No crackles. Abnormal PE/Chem/CBC/UA Results: none reported

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			1.3	1.6	38		0.2
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		1.01	0.9			1.84	

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Meredith Swart

HOSPITAL NAME

Swart Veterinary Imaging

REFERRING VET

Dr. Meredith Swart

Cardiac Presentation

The echocardiogram presented a prominent right heart with mild right ventricular hypertrophy, and normal right atrial size. Tricuspid insufficiency noted at 3.7 m/sec. No evidence of neoplasia was noted in the right auricle, or elsewhere in the heart. The pulmonary artery was uniformly prominent with mildly depressed pulmonic velocity measured on PW Doppler. No overt heartworms were noted in the main or visible deep pulmonary arteries. Yet, theoretically heartworms could be present in the deep pulmonary vasculature out of visible sonographic range. More likely, however, this prominent right heart is due to excessive intra-thoracic pressures caused by chronic respiratory disease or potentially excessive intra-thoracic fat (Pickwickian syndrome). The left heart demonstrated a linear ventricular septum. Contractility was functionally adequate demonstrated by the FS% measurement. Trivial mitral insufficiency noted on color flow assessment. No significant left atrial dilation noted. Minor aortic insufficiency noted on color flow assessment. No evidence of tumor, pericardial or pleural effusion was noted. The visible extra-cardiac tissues were uniformly linear without evidence of masses, infiltrative or inflammatory mediastinal tissue. No evident arrhythmic activity was noted during the exam.

ULTRASONOGRAPHIC FINDINGS

- Tricuspid insufficiency – consistent with moderate pulmonary hypertension.
- Minor mitral insufficiency

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is debatable on whether the pulmonary hypertension is causing the syncope. If the syncope occurs under exertion, then Sildenafil trial at 1 mg/kg BID, increasing to 1.5 mg/kg BID after two weeks could



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be considered. Further support for clinical hypertension if hepatic veins are dilated on abdominal sweep of the cranial abdomen (SDEP #11), and if vena cava to aortic ratio is excessive. Otherwise, paroxysmal arrhythmia cannot be ruled out. Holter monitor would be ideal if the patient is stable, but I would recommend holter monitor prior to initiating Sildenafil therapy.

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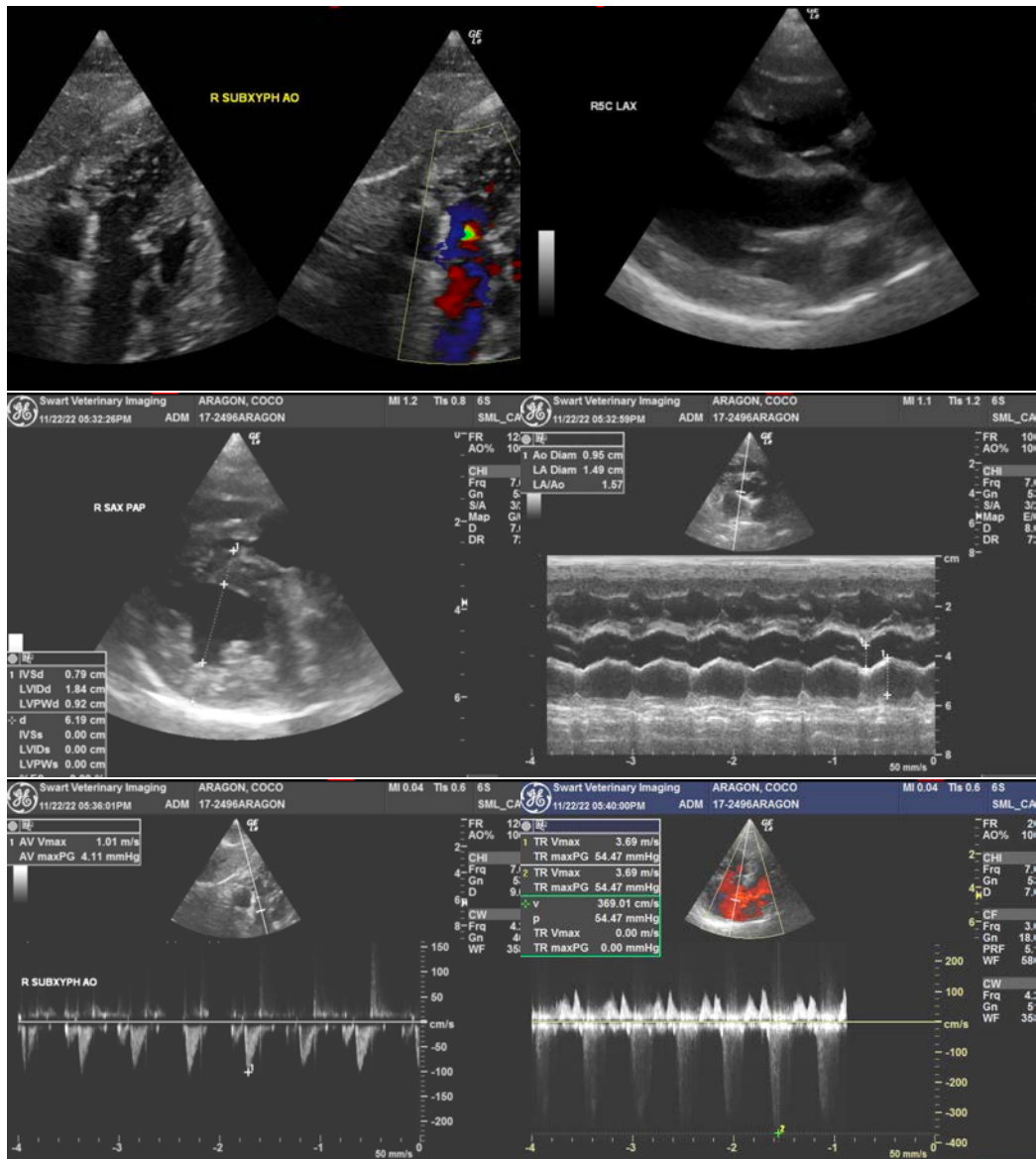
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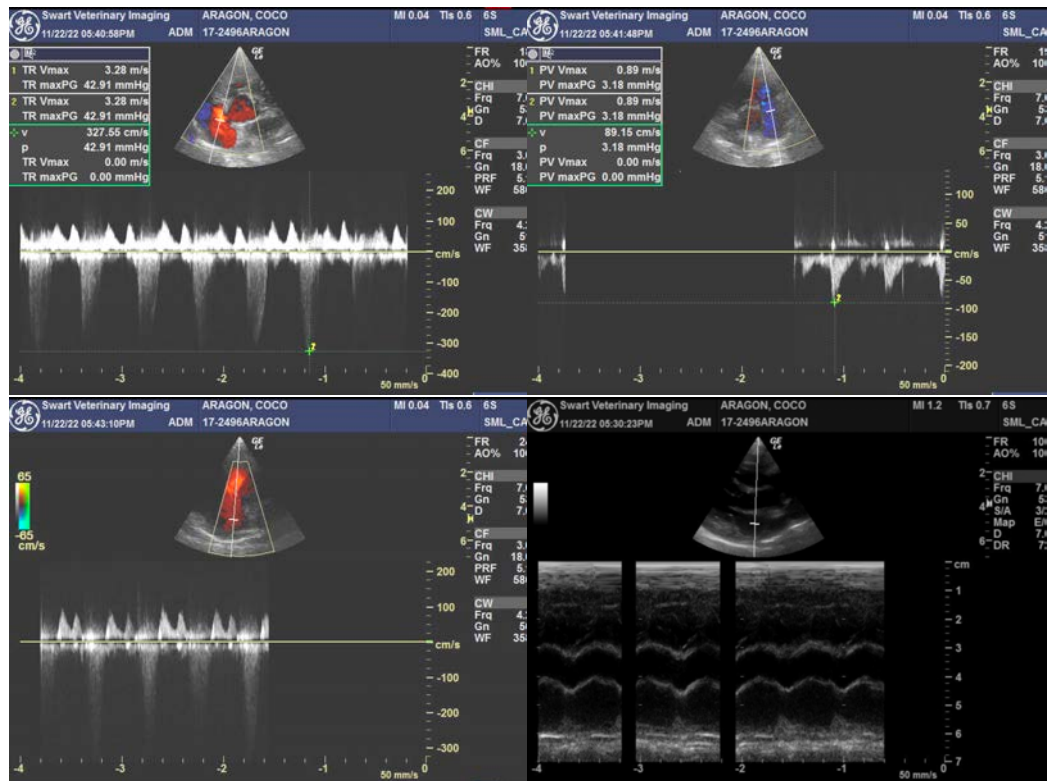
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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