



PATIENT PRESENTING CLINICAL SIGNS

Hiccup Munsey

History: Acute worsening of cough, lethargy, increased RR in past 3 days. Increased Lasix, but didn't help much. Decreased appetite and has lost 1 lb since August. Currently in O2 cage in clinic. Current medications: Lasix 5mg BID, gave q 6 hours last night. Pimobendan 0.625mg BID.
 Abnormal PE/Chem/CBC/UA Results: PE: Heart murmur 5/6, palpable thrill. Increased RR, even in oxygen cage. RADS: attached, severe perihilar pulmonary edema versus possible nodule BW, pending, didn't want to stress. BP 100, same as has been previously.

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

9 years

WEIGHT

4.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The cardiac presentation in this patient revealed severe volume overload of the left atrium with tachyarrhythmia. Pulmonary edema was noted by B lines present in the peripheral lung fields. Severe prolapse of the anterior mitral valve leaflet was noted. Tricuspid insufficiency was also noted. The contractility was subnormal for this type of presentation and indicative of myocardial insufficiency. Mild hepatic vein dilation was noted. The echocardiogram was performed rapidly owing to precarious clinical state of the patient.

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		2.0	2.87	45		0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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			0.6	4.5 lbs		3.0	

REFERRING VET ULTRASONOGRAPHIC FINDINGS

Dr. Bonte

Decompensated stage C1 valvular disease.
 Chronic left atrial enlargement.

INVOICE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

11/25/21

The patient likely ruptured a chordae tendineae. This is highly precarious presentation. Pimobendan at 0.3 mg/kg b.i.d., Lasix at 3-4 mg/kg b.i.d., Spironolactone at 1-2 mg/kg b.i.d., ace inhibitor at 0.5 mg/kg s.i.d. progressing to b.i.d., and cage rest is recommended. The target respiratory rate is less than



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20/minute. The prognosis is very guarded. Hycodan and/or opioid therapy can be considered for cough suppressant and calming to reduce oxygen necessity. If the patient stabilizes further evaluation of tricuspid insufficiency velocity could be considered to assess the need for Sildenafil. However, the hepatic veins were only slightly dilated. Therefore, right-sided failure is not a primary issue at this point. Pimobendan can be increased to 0.3 mg/kg t.i.d. if necessary. The patient is at risk for sudden death.

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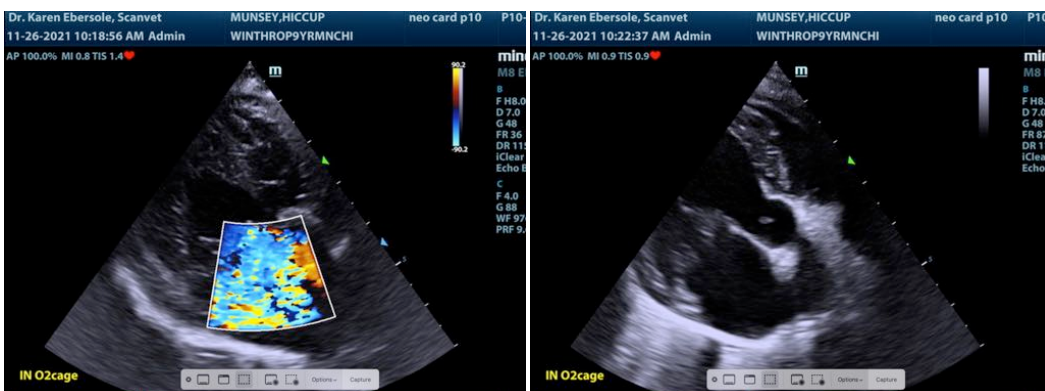
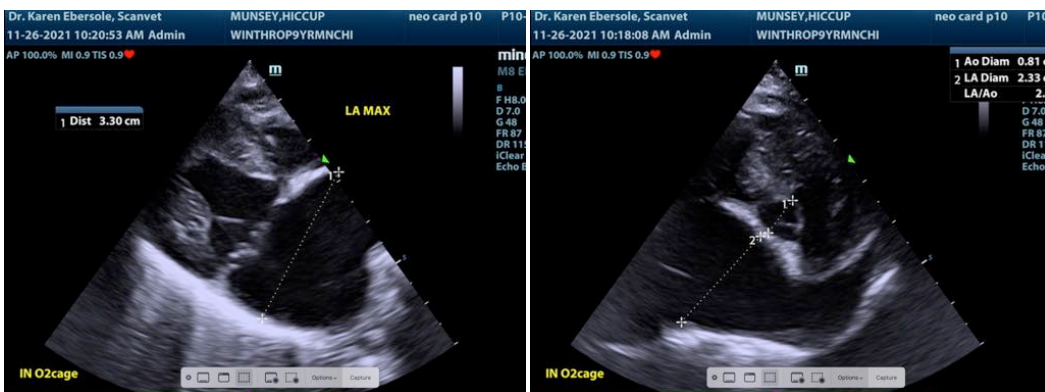
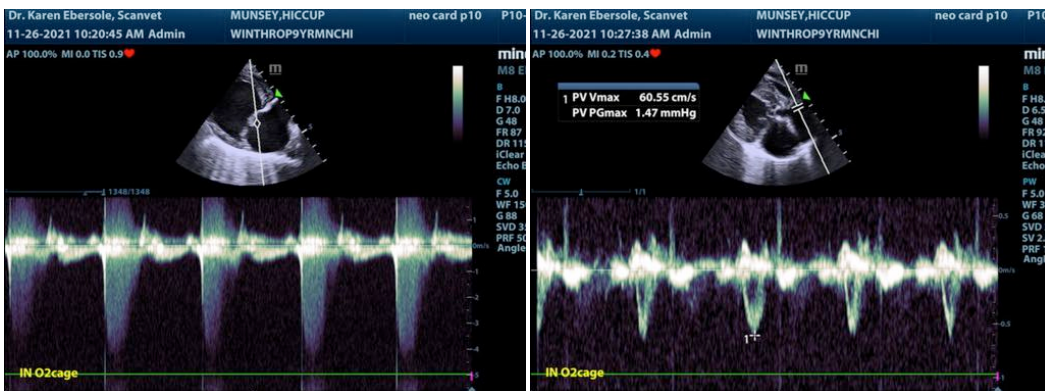
Dr. Bonte

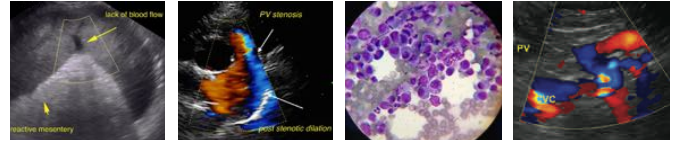
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com