



PATIENT PRESENTING CLINICAL SIGNS

Wesley Winston

History: This is Winston's recheck echocardiogram, as initial study was submitted 7 months ago. He is a diabetic dog that is well-managed and he does not have any clinical signs of cardiac disease. He had a 3/6 intensity cardiac murmur today on auscultation (previously was noted as 4/6). His BP ranged between 141/107 (122) to 170/76 (124)mmHg systolic/diastolic (MAP). He was given 1.6mg Butorphanol IV to lightly sedate for the ultrasound exam today.

SPECIES

Canine

BREED

Maltese

SEX

Neutered male

AGE

9 years

WEIGHT

17.4 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The **left atrium** was essentially normal in size. 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** 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

Dr. McFeely

HOSPITAL NAME

Straley VA

REFERRING VET

Dr. McFeely

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			1.4	1.7	35		0.1
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)		2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT		-	0.7	17.4 lbs	3.1 max	3.0	

INVOICE

92926

DATE

11/5/21

ULTRASONOGRAPHIC FINDINGS

Stage B1 valvular disease. Given the tendency towards hypertension I recommend initiating ace inhibitor at 0.5 mg/kg s.i.d. progressing to b.i.d. The left atrial size is normal in the June Boon and heart base measurements; however, slightly upper level of normal to slightly enlarged LA max.



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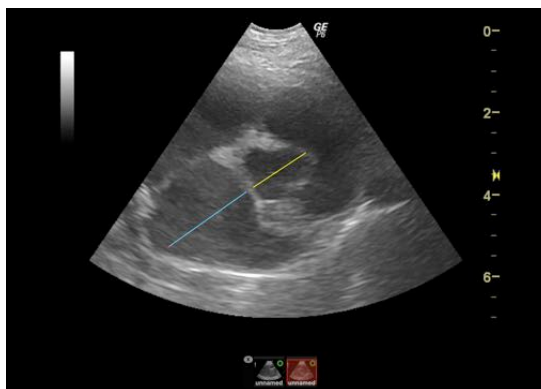
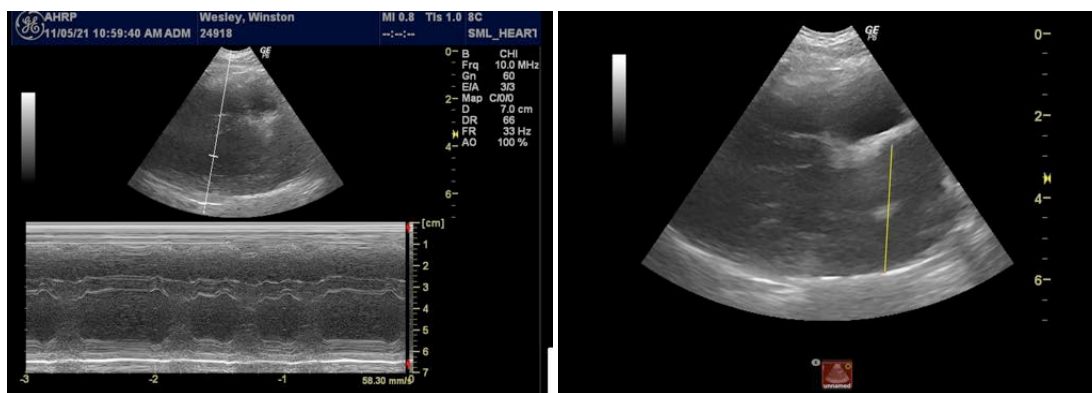
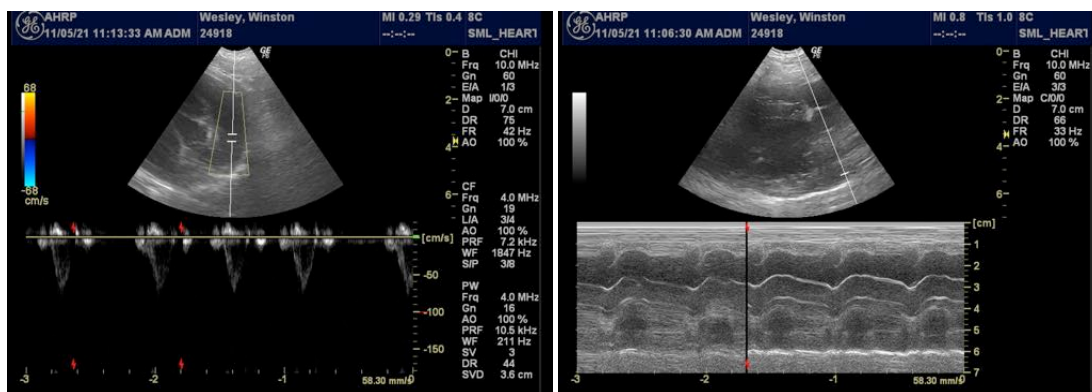
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I do not believe that the Pimobendan is necessary at this point. I recommend a recheck echocardiogram in 6 months or earlier if murmur grade increases or clinical signs initiate. There was no significant progression from the prior sonogram.



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



PATIENT

can be of any further assistance please contact me.

Wesley Winston

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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