


**PATIENT**

Tweety Horn

**PRESENTING CLINICAL SIGNS**

Has a history of grade 4 of 6 systolic washing machine type murmur with the PMI close to the left shoulder. He has been having syncopal episodes and has significant pulmonary edema. Furosemide therapy for the last 3 days has decreased syncope.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

BREED	CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
Miniature Australian Shepherd								
SEX	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
Male	PATIENT			2.25	2.5	39	71	0.37
AGE	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)
15 Weeks								
WEIGHT	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
3.8 Pounds	PATIENT		2.9	1.7		3.24	3.08	

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Bill McGee

**HOSPITAL NAME**

Bridgeport AH

**REFERRING VET**

Dr. Bill McGee

**Cardiac Presentation**

The cardiac presentation revealed moderate volume overload in the left atrium and left ventricle with mitral insufficiency. Some minor valve disease may be present here but not a primary issue. Turbulence noted at the pulmonic valve but may be secondary turbulence in the post pulmonic valve pulmonary artery secondary to the PDA. The deep pulmonary artery revealed mild volume overload with a holosystolic jet in the deep pulmonary artery, consistent with patent ductus arteriosus. Pulmonary edema lines were noted in the periphery. The aortic valve has insufficiency and excessive outflow velocity that could be construed as either primary aortic valve disease/stenosis or pseudostenosis turbulence secondary to the PDA. Compensatory contractility was subnormal at 39%. EPSS was mildly excessive. Mild increased left ventricular outflow velocity noted, likely compensatory.

**ULTRASONOGRAPHIC FINDINGS**

- Patent ductus arteriosus with compensatory elevated left ventricular outflow velocity/pseudostenosis with secondary aortic insufficiency
- Mitral insufficiency with volume overload of the left atrium and left ventricle

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend palliative therapy with Pimobendan 0.25 mg/kg BID, continuation of Lasix therapy, and ACE inhibitor therapy 0.5 mg/kg SID progressing to BID. Spironolactone could also be considered at 1-2 mg/kg BID. Rapid referral to interventional cardiologist recommended, or cardiologist for further definition and intervention.

**INVOICE**

42569

**DATE**

11/6/22



**PATIENT**

Tweety Horn

**SPECIES**

Canine

**BREED**

Miniature Australian Shepherd

**SEX**

Male

**AGE**

15 Weeks

**WEIGHT**

3.8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

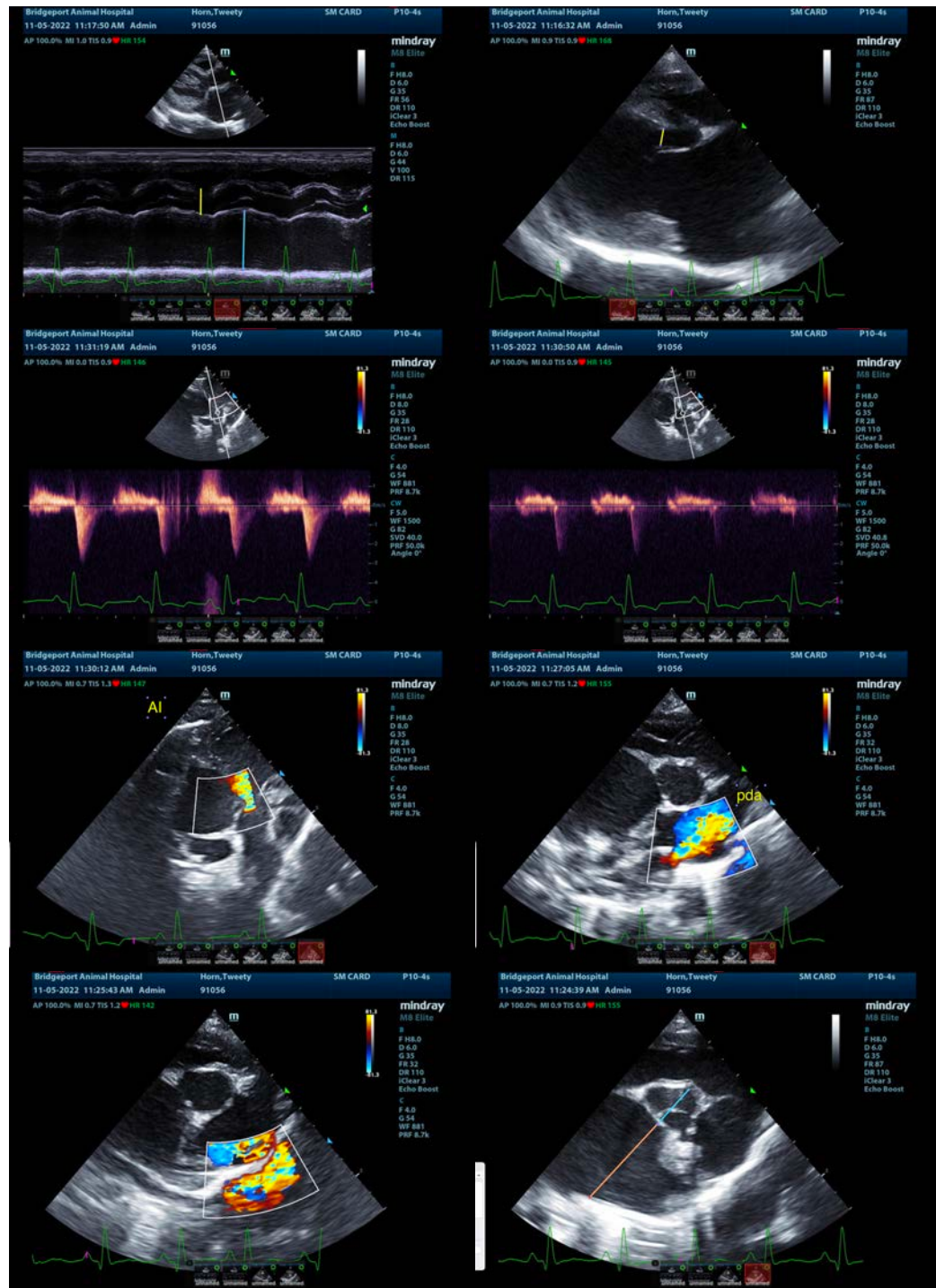
Dr. Bill McGee

**HOSPITAL NAME**

Bridgeport AH

**REFERRING VET**

Dr. Bill McGee



**INVOICE**

42569

**DATE**

11/6/22



**PATIENT**

Tweety Horn

**SPECIES**

Canine

**BREED**

Miniature Australian Shepherd

**SEX**

Male

**AGE**

15 Weeks

**WEIGHT**

3.8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Bill McGee

**HOSPITAL NAME**

Bridgeport AH

**REFERRING VET**

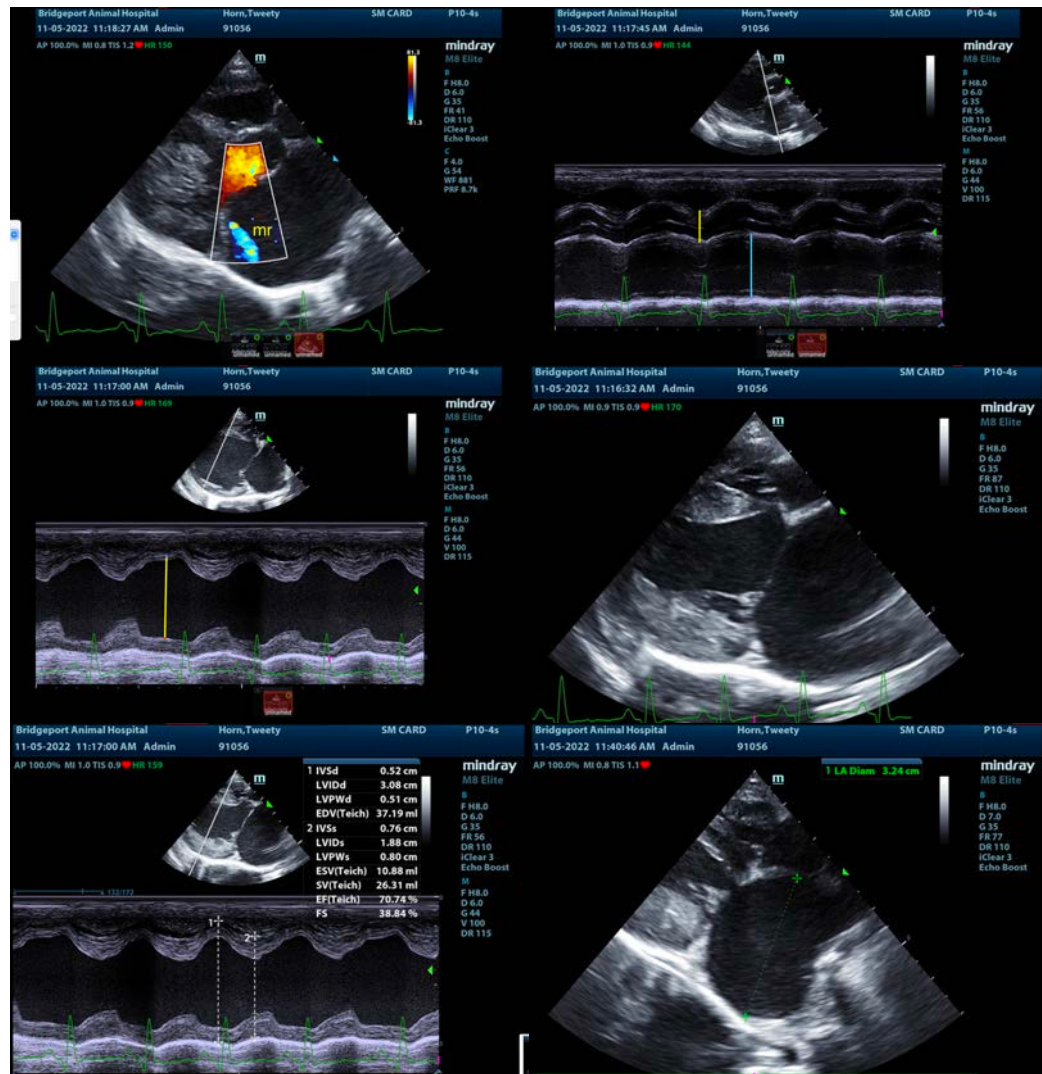
Dr. Bill McGee

**INVOICE**

42569

**DATE**

11/6/22



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

[info@SonoPath.com](mailto:info@SonoPath.com)