



PATIENT

Raydar Rossman

SPECIES

Canine

BREED

Longhair Chihuahua

SEX

Spayed female

AGE

10 years

WEIGHT

8.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. McFeely

HOSPITAL NAME

Straley VA

REFERRING VET

Dr. McFeely

INVOICE

42376

DATE

11/7/22

PRESENTING CLINICAL SIGNS

History: Drop off for cardiac ultrasound, cardiac ultrasound submitted to Sonopath 6/16/22 indicated Stage C mitral valve disease, currently taking Furosemide 6.25 mg BID, Pimobendan 1.25 mg BID and Benazepril 0.9 mg BID, owner has noticed ~50% increase in frequency of cough, thoracic radiographs on 10/24/22 indicated subjective cardiomegaly w/ tracheal elevation, but no pulmonary edema. Raydar was given 0.7mg butorphanol IV to lightly sedate for cardiac u/s today, and her BP was normal, ranging from 116/88 (99) to 139/103 (120)mmHg systolic/ diastolic (MAP).

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient presented no significant volume overload of the **left atrium** and **left ventricle**. The **mitral valve** presented vegetative changes and insufficiency, yet appeared to be compensated at this time. All atrial parameters were normal. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). The cough currently is not cardiogenic as the heart appears to be well treated and compensated. The pericardium and pleural spaces were normal.

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	45	80	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	BELOW	BELOW	BELOW	BELOW
PATIENT	70	1.1	0.7	8.3 lbs	2.5 max	2.3	

ULTRASONOGRAPHIC FINDINGS

Comet tail lung pattern was noted in the periphery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary respiratory issue is likely complicating this patient. I recommend continuation with the current cardiac protocol and triple therapy. However, primary respiratory protocol is likely necessary.



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Assessment for collapsing trachea with inspiratory and expiratory cervical radiographs along with primary bronchodilator +/- inhaler therapy may be appropriate. Assessment for environmental irritants is also indicated.

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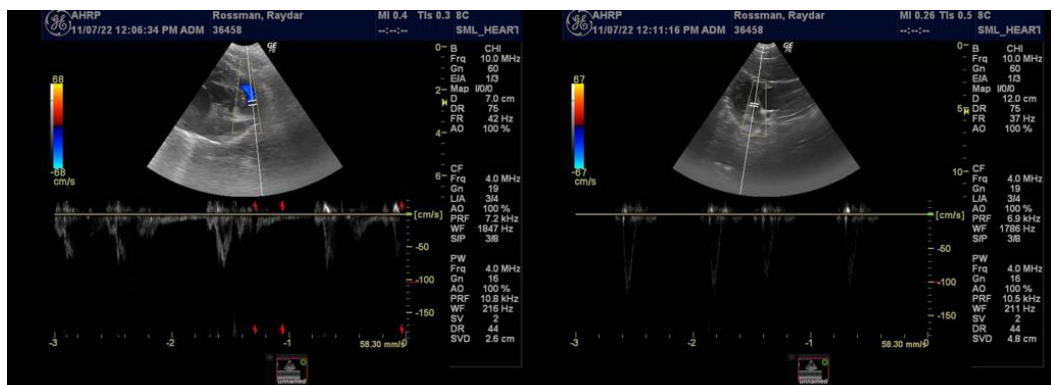
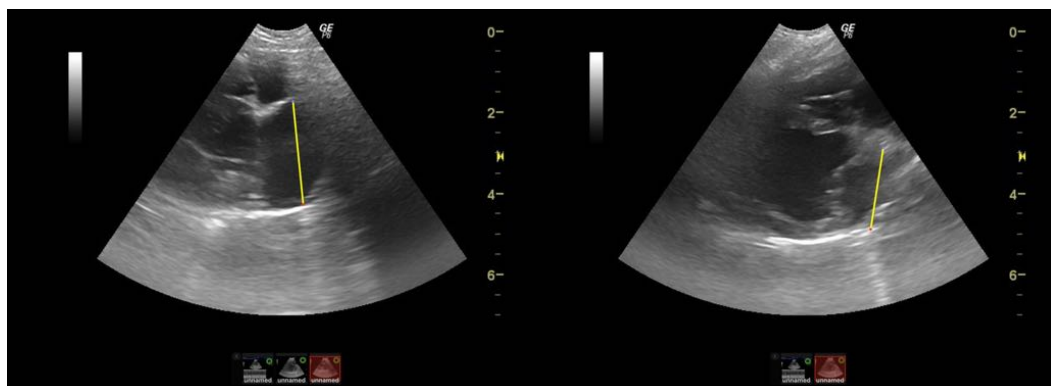
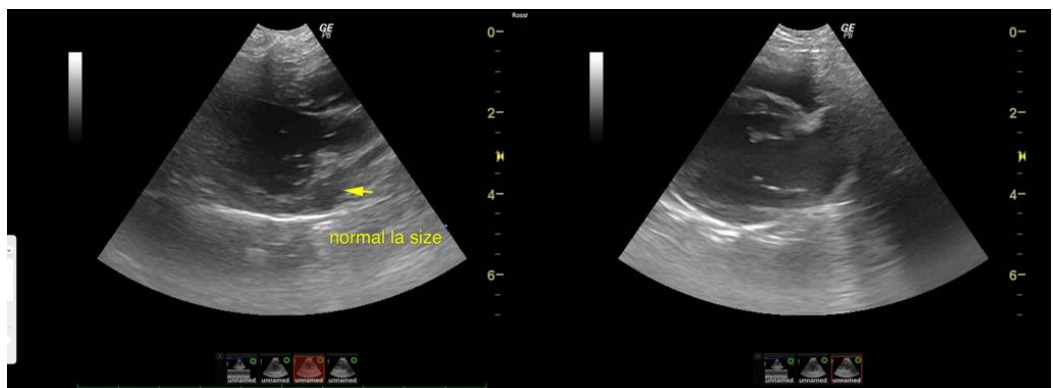
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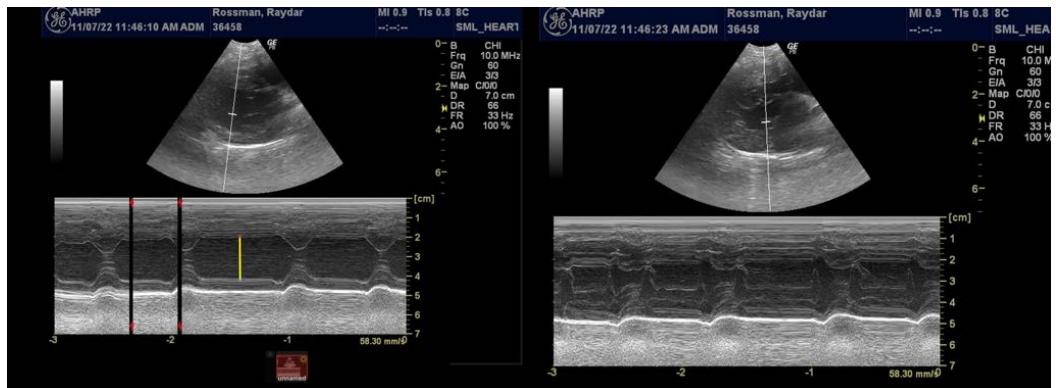
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com