



PATIENT PRESENTING CLINICAL SIGNS

Peanut Menell

History: Hx on enalapril 5 mg 1/2 P.O. bid, pimobendan 5 mg 1/4 t P.O. bid.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Grade 3/6 left systolic HM and hypertension. No coughing. 11/26: Creat 1.6, UA 1.020 BP 191/134 MAP 153, Pending current BP after increasing enalapril (from 2.5 mg BID to 5 mg BID).

BREED

Chihuahua

SEX

Neutered Male

AGE

11 Years

WEIGHT

11.4 Lbs.

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 | 5.49 | -- | 1.4 | 2.19 | | 75 | 0.1 |
| 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 |
| PATIENT | -- | 1.03 | 0.75 | -- | 3.3 | 3.17 | -- |

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Wavelength VS

HOSPITAL NAME

Brookwood AC, LLC

REFERRING VET

Ruth Loomis

INVOICE

13018

DATE

12/12/21

Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements Chamber volumes and echogenicity were normal. Prolapsed anterior mitral valve leaflet noted. 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.

ULTRASONOGRAPHIC FINDINGS

- Mitral insufficiency
- Advanced stage B-2 valvular disease



PATIENT

- Chronic left atrial enlargement

Peanut Menell

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Recommend adding to the current protocol, spironolactone at 1-2 mg per kg BID. If any coughing develops or increased respiratory rate >20 per minute, then Lasix can also be added at 1-2 mg per kg BID. Recheck echo in 1-3 months depending on any development of clinical signs.

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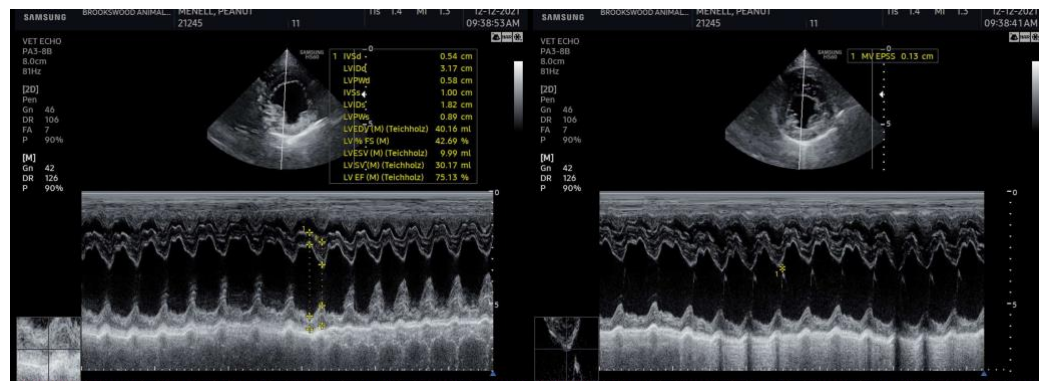
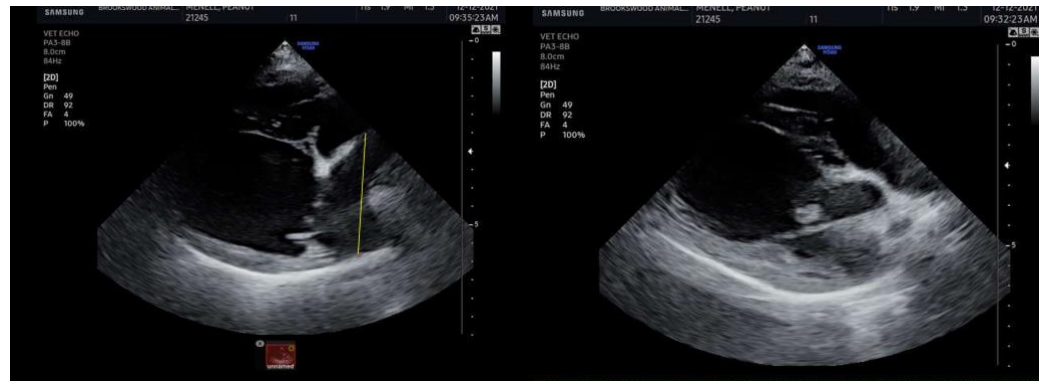
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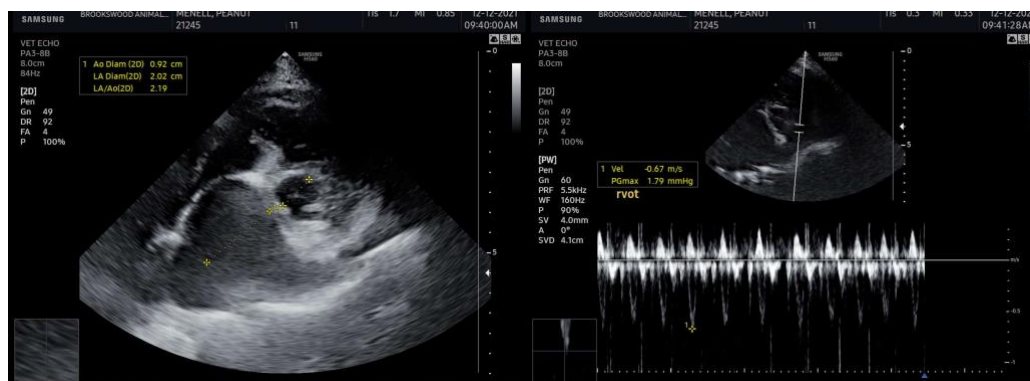
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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