



PATIENT PRESENTING CLINICAL SIGNS

Raydar Rossman

History: Raydar presented for diagnostic work-up for a cough that became more frequent about 3 weeks ago. She has a grade 4 out of 6 cardiac murmur and thoracic radiographs indicate subjective cardiomegaly and pulmonary edema. She is currently on the following medications: 6.25mg furosemide orally q 12 hours and 0.625mg Pimobendan orally q 12 hours. She was given 0.7mg Butorphanol IV to lightly sedate her for today's cardiac ultrasound exam. Raydar's BP measured between 138/91 (118) and 143/94 (116) mmHg systolic/diastolic (MAP).

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Lab work performed 12/14/21 revealed mildly elevated Creatinine of 1.6 attributed to furosemide therapy (prerenal azotemia) and mild hypophosphatemia.

BREED

Chihuahua

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX

Spayed Female

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. 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.

AGE

9 years

WEIGHT

7.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. McFeely

HOSPITAL NAME

Straley VA

REFERRING VET

Dr. McFeely

INVOICE

94628

DATE

12/15/21

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			1.3		45		0.22
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	7.9 lbs	2.5 max	2.4	



PATIENT

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ULTRASONOGRAPHIC FINDINGS

Compensated valvular disease.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend maintaining the current protocol. A recheck echocardiogram is recommended in 6 months or earlier if murmur increases or clinical signs initiate. There was no significant volume overload.

BREED

Chihuahua

SEX

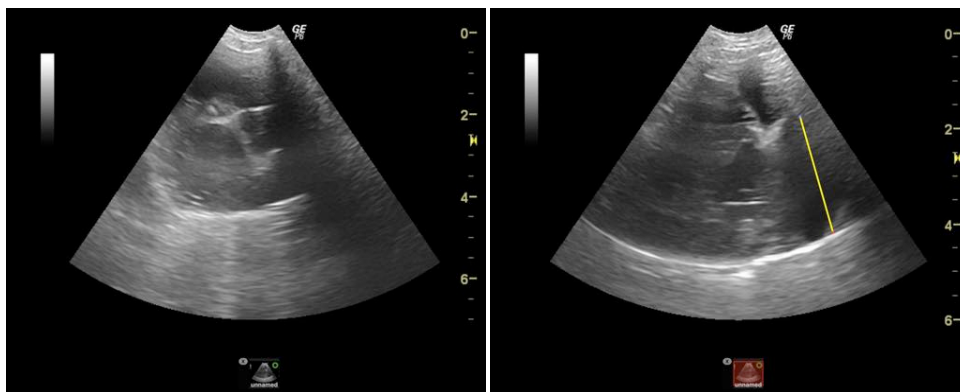
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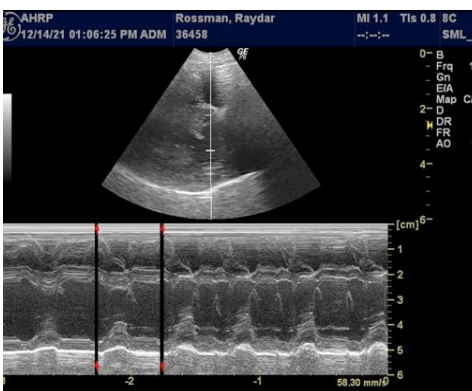
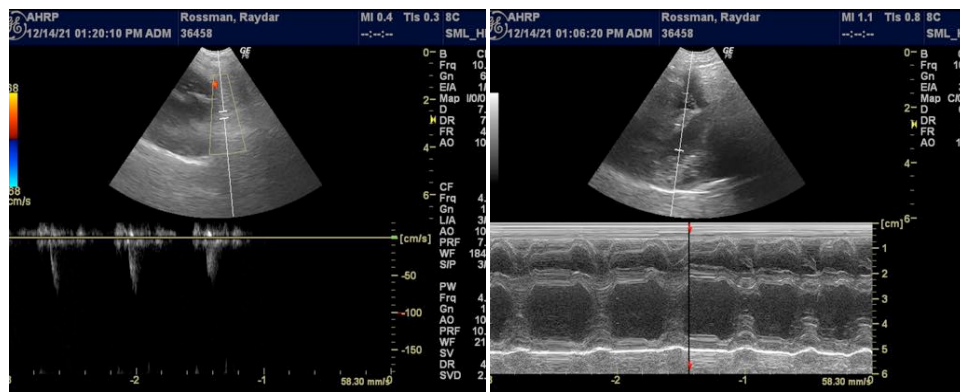
Dr. McFeely

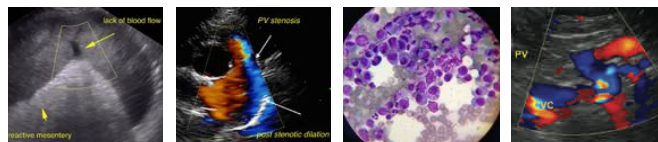
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Chihuahua

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

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