



PATIENT

Ollie Galloway

PRESENTING CLINICAL SIGNS

Grade 5/6 murmur. New onset of cough. Pulmonary edema on CXR. Cardiomegaly on CXR.

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

7 Years

WEIGHT

7.2 kg

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		2.8	NM	2.1	57	88	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	BELOW
PATIENT	110	1.04	0.88		3.8	4.04	

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. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. Flailed mitral valve leaflet noted. 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** insufficiency noted at approximately 2.8 m/sec. 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. Arrhythmogenic activity noted.

ULTRASONOGRAPHIC FINDINGS

- Advanced Stage B2 to C1 valvular disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

EKG indicated as well as blood pressures. This is consistent with advanced Stage B2 or C1 valvular disease, but given the wet lung reported on radiographs, C1 valvular disease is likely. The treatment protocol for stabilization would include Pimobendan at 0.3 mg/kg BID, ACE inhibitor 0.5 mg/kg SID progressing to BID, Spironolactone 1-2 mg/kg BID, and Lasix 1-3 mg/kg BID to stabilize, then minimal

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dave Stasiuk, RDMS

HOSPITAL NAME

Alpine 24/7

REFERRING VET

Dr. Sasa Karagic/Dr. Dan Katz

INVOICE

43532

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12/18/22



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effective dose. Target sleeping respiratory rate of <25/min. Hycodan or similar may be utilized for cough. Recheck echo in 1-3 months depending upon stabilization.

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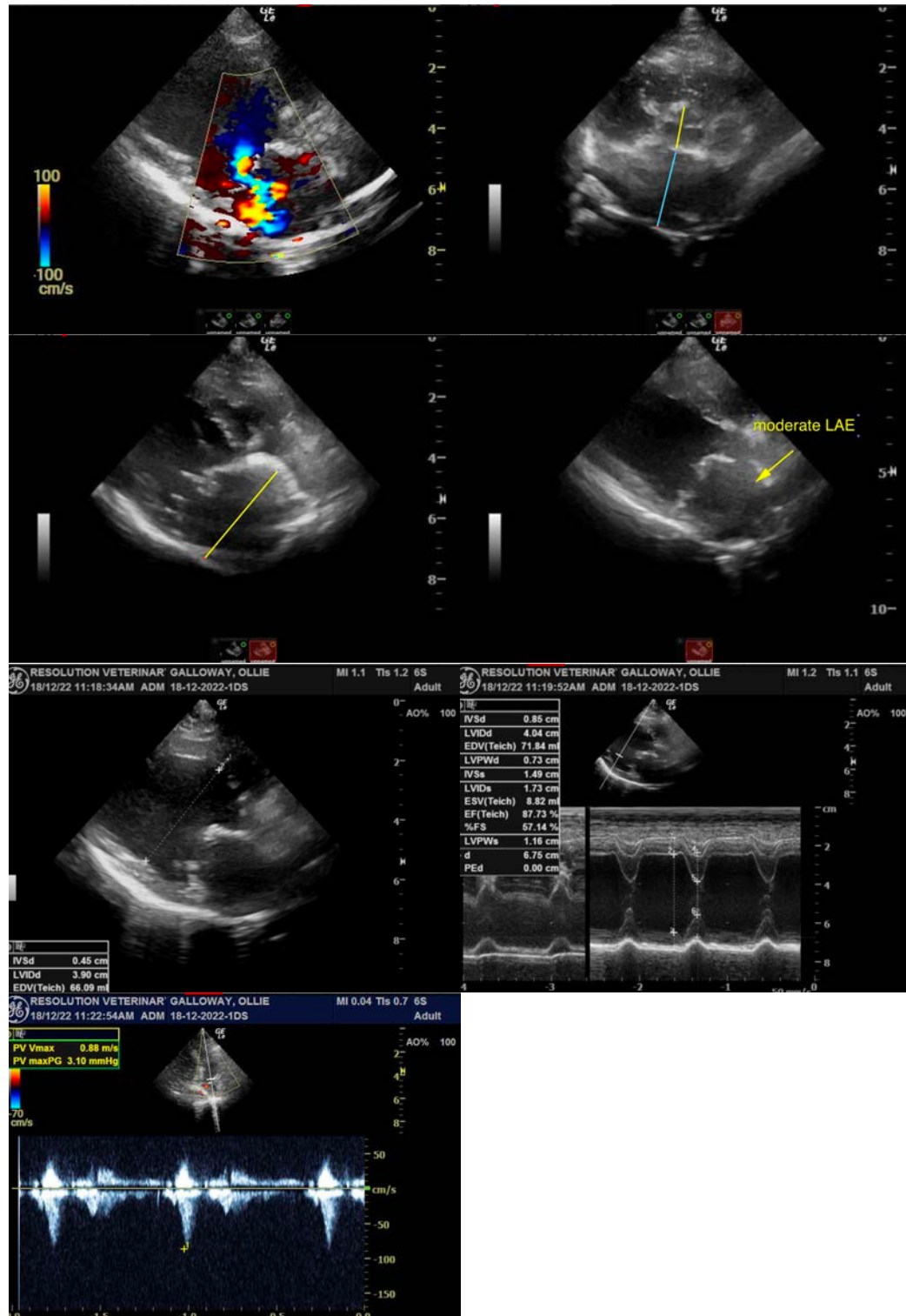
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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