



PATIENT PRESENTING CLINICAL SIGNS

Trooper Earl Previously diagnosed with MMVD on ultrasound (interpreted by sonopath). This is the 6 month re-check for this patient. Clinically doing well. No heart meds at this time.
 Abnormal PE/Chem/CBC/UA Results: Grade 4/6 holosystolic murmur PMI left apex.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Chihuahua Cross

The **left atrium** was mildly enlarged in this patient. There was prolapse of the anterior **mitral valve** leaflet was 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. Minor **tricuspid** insufficiency was noted and not clinically significant. 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). No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

SEX

Neutered male

AGE

12 ½ years

WEIGHT

15 lbs

| 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 | | | 1.4 | 1.6 | 42 | 75 | NM |
| 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 | | | | |
| PATIENT | | | 0.8 | 15 lbs | 3.29 max | 3.11 | |

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kaitlyn Varga

HOSPITAL NAME

Shuswap VC

REFERRING VET

Dr. Ross

ULTRASONOGRAPHIC FINDINGS

Early stage B2 valvular disease with mitral valve prolapse.

INVOICE

94864

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

12/22/21

If the vertebral heart score is excessive on radiographs then Pimobendan could be considered at 0.3 mg/kg b.i.d. Blood pressure measurements are recommended as well as ace inhibitor if systolic pressure is > 160.



PATIENT

Trooper Earl

B2/C1: The heart is in a somewhat precarious state with volume overload and a heart that is working to compensate for the valvular insufficiency. Target respiratory rate is < 20 resp/minute after therapy. After initiating therapy, I recommend recheck on the clinical exam, BUN, Creatinine, USG, Chest radiographs & Blood pressure in 5-7 days. Recheck echo in 1 month. Earlier if clinical decompensation is occurring. I do not recommend anesthesia at this time until stabilization has occurred on the recommended medications. Repeat pre-anesthetic echo is ideal if anesthesia is eventually necessary.

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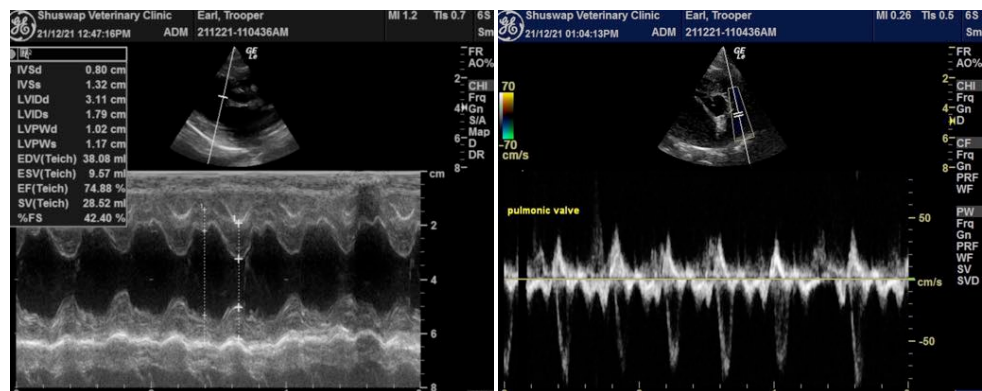
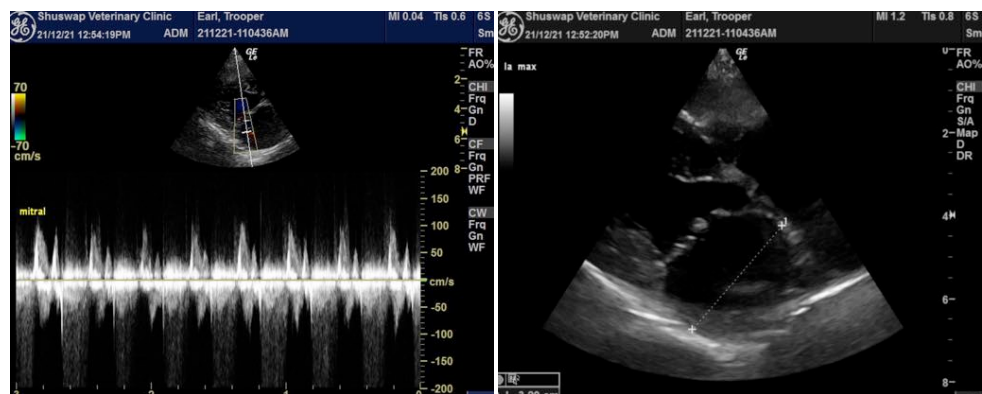
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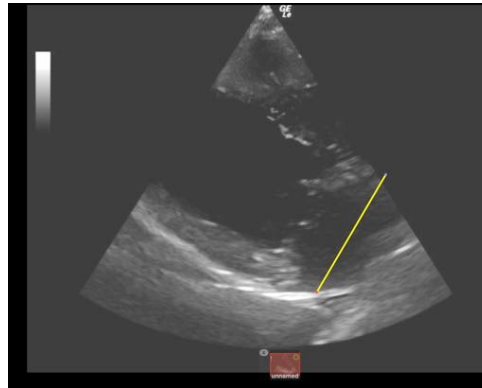
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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