



PATIENT PRESENTING CLINICAL SIGNS

Shelby Messina Cardiac. Coughing. Current meds: Cough tabs, Furosemide, Enalapril

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Shetland Sheepdog

SEX

Neutered Male

AGE

10 Years

WEIGHT

26.9 Pounds

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	5.0	3.0	2.09	2.4	38	68	NM
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				
PATIENT	151	1.0	0.54		5.27	4.53	

Cardiac Presentation

Moderate to severe **left atrial** enlargement noted in this patient. Complete filling of the left atrium noted on color flow assessment. 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. Pulmonary edema noted with B-lines. Arrhythmogenic activity noted.

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal Mansion

REFERRING VET

Dr. Bertoldo

INVOICE

33766

DATE

12/28/21

ULTRASONOGRAPHIC FINDINGS

- Severe mitral insufficiency
- Arrhythmogenic activity
- Left-sided heart failure
- Stage D1 valvular disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cage rest, oxygen therapy recommended. In addition to Furosemide and Enalapril, I recommend Pimobendan 0.3 mg/kg BID, increasing Lasix to 2-3 mg/kg BID, Spironolactone to 1-2 mg/kg BID.



PATIENT

Enalapril should be increased to BID treatment.

Shelby Messina

Assessment of BUN, creatinine, USG, chest radiographs and blood pressure as well as clinical exam ideal in 7-10 days. Basal respiratory rate should be <20/min.

SPECIES

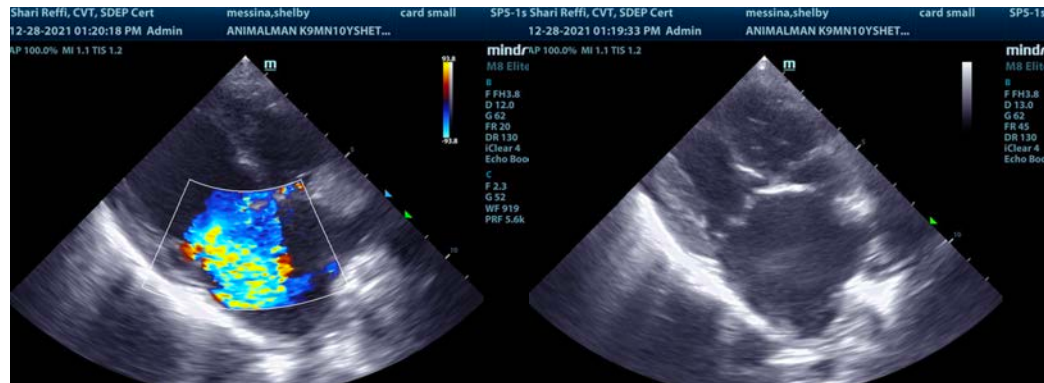
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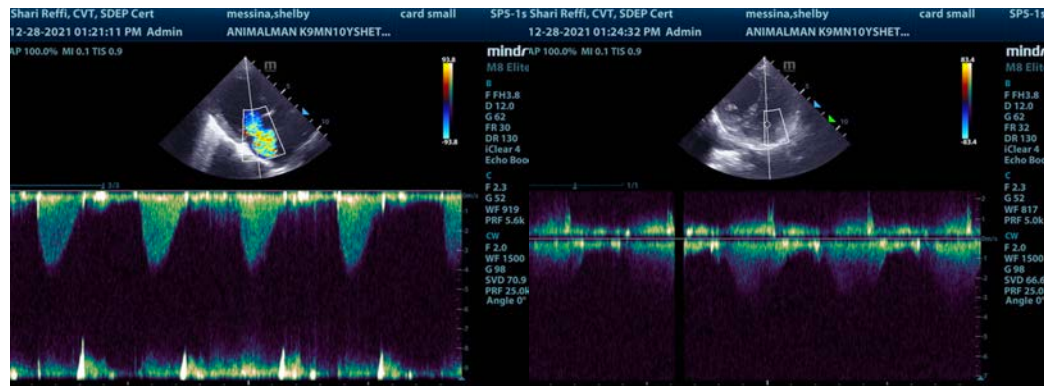


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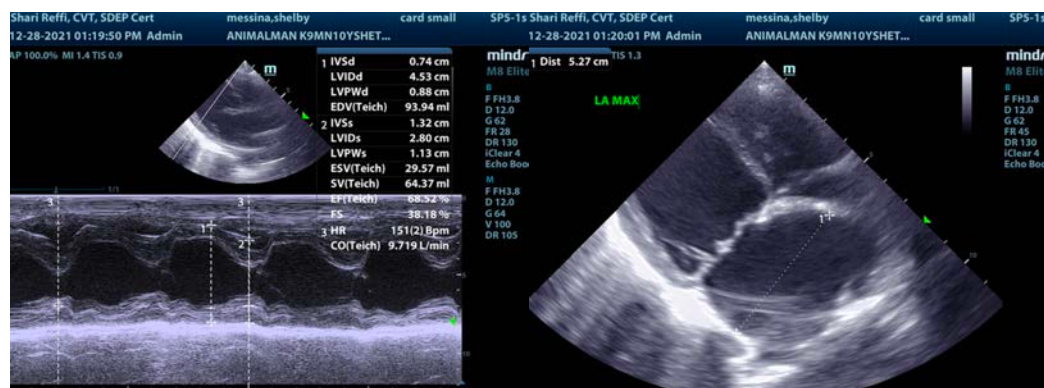
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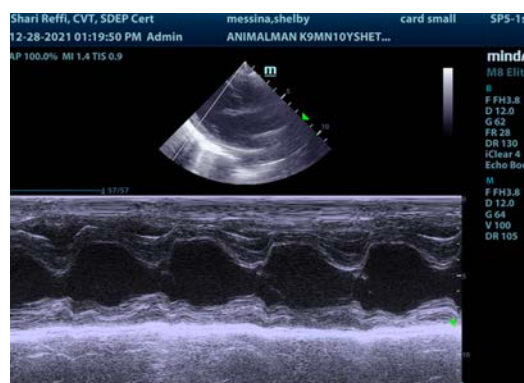
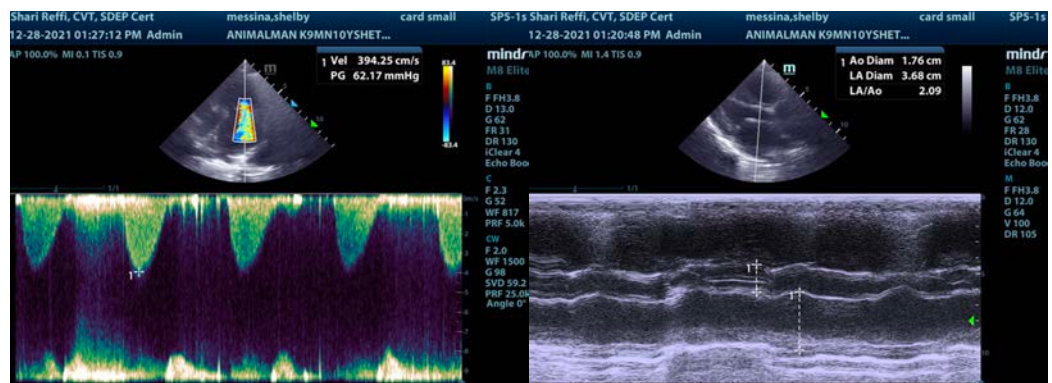
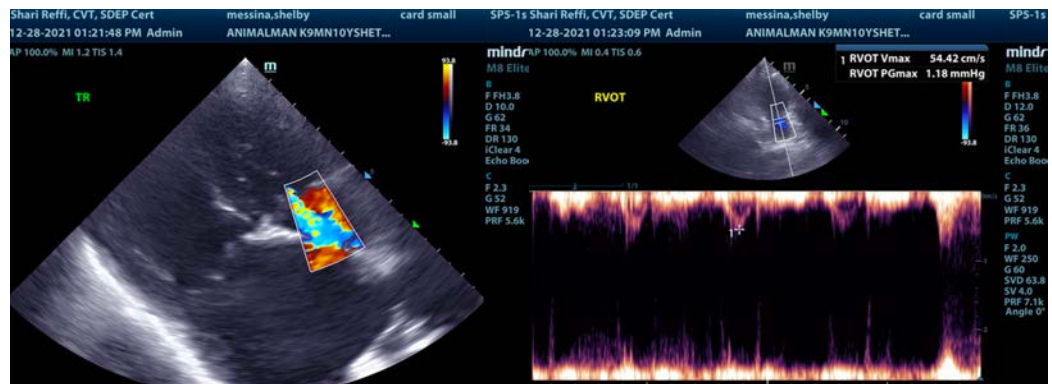
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PATIENT

Shelby Messina

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.

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Shetland Sheepdog

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

info@SonoPath.com

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