



PATIENT

PRESENTING CLINICAL SIGNS

Kobe Deerin

History: 9 yo MN yorkie mix presented for coughing. History of heart murmur, owner initially declined imaging. Rx: Azithromycin and cough tabs. Cough worsened-returned for imaging.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: VHS: 11.5, no vessel dilation, dorsal displacement of trachea, patchy interstitial pattern Starting Pimobendan and hydrocodone.

BREED

Yorkie Mix

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX

Neutered Male

AGE

9 Years

WEIGHT

20 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	5.2	--	NM	>2.0	45	--	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				
PATIENT	160	--	.80	--	4.83	3.5	--

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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. 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. Comet tail lung pattern noted in the extracardiac space.

IMAGING PERFORMED BY

Elaine Peterone

HOSPITAL NAME

Long Branch AH

REFERRING VET

Elaine Peterone

INVOICE

13235

DATE

12/29/21

ULTRASONOGRAPHIC FINDINGS



PATIENT

Kobe Deerin

- Early-stage C-1 valvular disease
- Mitral insufficiency
- Left atrial enlargement
- Tachycardia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend quadra therapy in this patient. Pimobendan at 0.3 mg per kg BID, Lasix 2-3 mg per kg BID, Ace-inhibitor 0.5 mg per kg SID and Spironolactone 1-2 mg per kg BID.

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 preanesthetic echo is ideal if anesthesia is eventually necessary.

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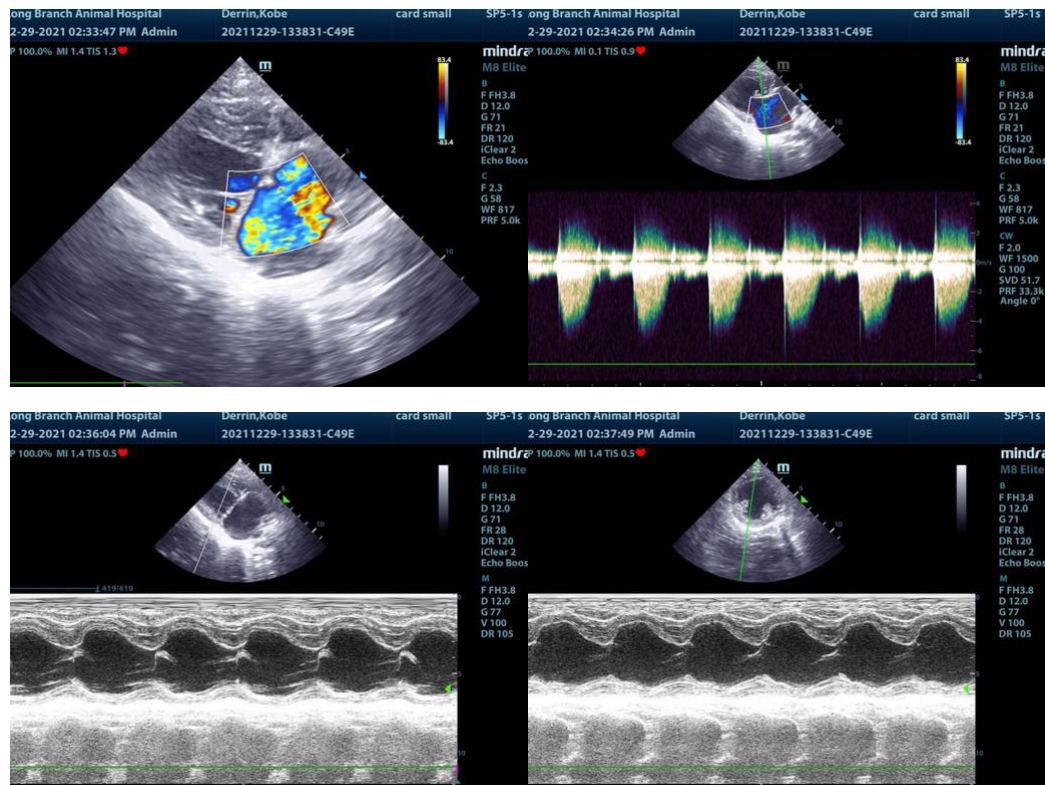
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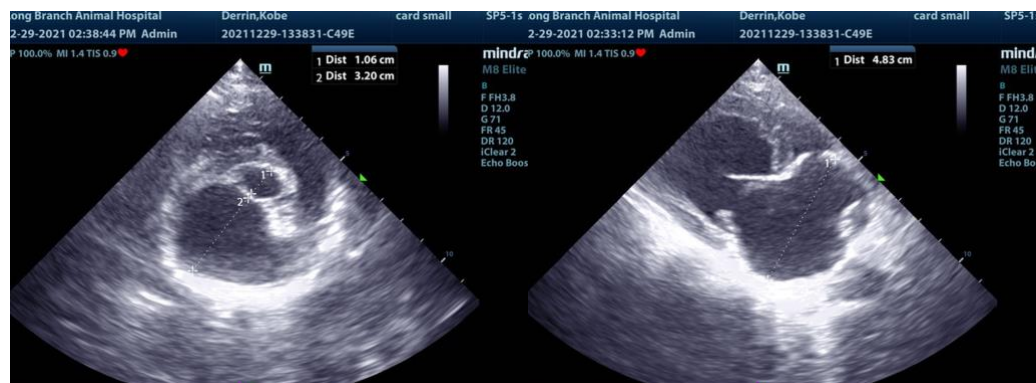
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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