


PATIENT PRESENTING CLINICAL SIGNS

Deezel Lewis Hx of grade 4-5/6 systolic murmur and severe dental disease w/ draining tract below OD. Echo performed 12/9/21 w/ thoracic rads - diagnosed w/ stage B2 valvular disease. BP has been checked - 160 systolic in clinic. No coughing concerns, SRR has been WNL. Started on pimobendan 2.5mg PO BID immediately after initial echo.

SPECIES Canine

Abnormal PE/Chem/CBC/UA Results: grade 4-5/6 systolic murmur, dental disease, overweight otherwise NSF Scheduled for dental cleaning in 2 weeks - need to assess anesthetic risk.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Chihuahua X

SEX

Neutered Male

AGE

9 Years

WEIGHT

19.6 Pounds

INTERPRETED BY

 Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

 All Creatures Great &
 Small Corvallis

REFERRING VET

Dr. Chantal Litalien

INVOICE

33853

DATE

12/30/21

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	7.0		1.6	1.66	50	82	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		2.02	1.07		3.55	3.22	

Cardiac Presentation

The cardiac presentation revealed fairly similar parameters as on the prior sonogram. No significant progression has occurred. Mitral and tricuspid insufficiencies are present. Left atrial size is mildly excessive, consistent with early Stage B2 valvular disease. Contractility was adequate. Complete filling of the left atrium noted. Color flow assessment of the mitral valve is consistent with severe mitral insufficiency, yet fairly well compensated at this time.

ULTRASONOGRAPHIC FINDINGS

- Early Stage B2 valvular disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is debatable on whether further medications should be added to the current Pimobendan dosing. If systolic blood pressure is >160, then ACE inhibitor could be considered +/- Spironolactone. However, it is not likely necessary at this point. Recheck echo in 6 months, earlier if clinical signs initiate or murmur grade increases. No pericardial or pleural pathology noted.



PATIENT

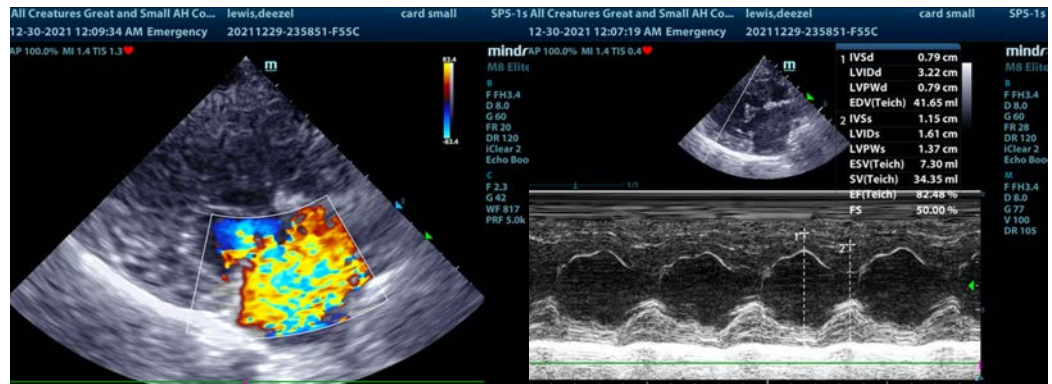
Deezel Lewis

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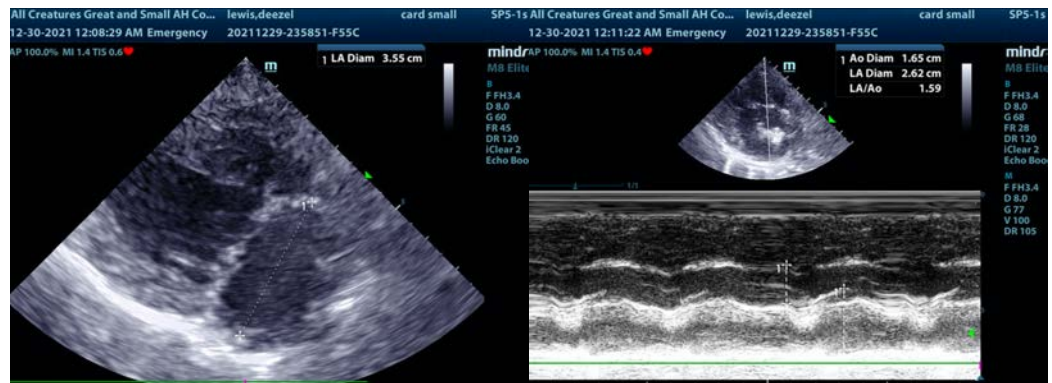
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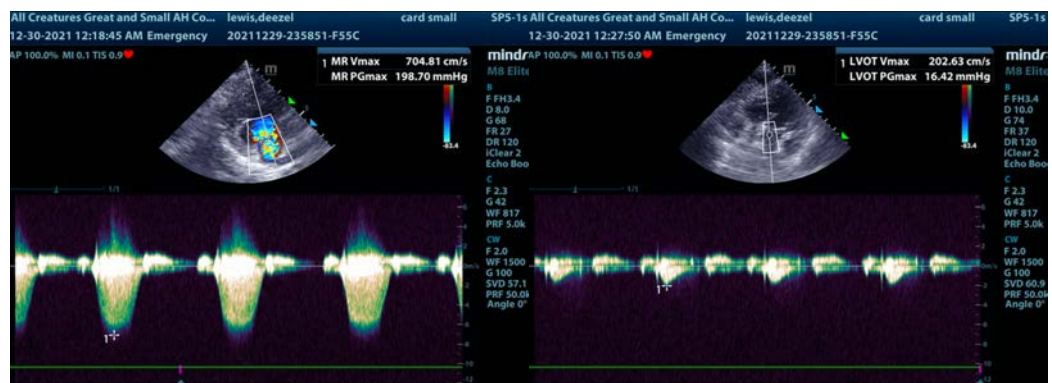
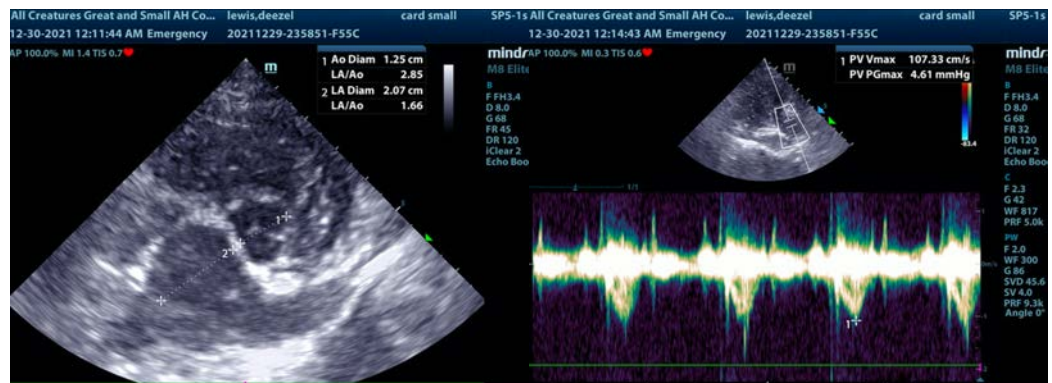
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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