

PATIENT PRESENTING CLINICAL SIGNS

Valkyrie Mendoza

SPECIES

Canine

BREED

Chihuahua X

SEX

Intact Female

AGE

10 Years

WEIGHT

24 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Ark Animal Hospital

REFERRING VET

Dr. Jackson

INVOICE

35356

DATE

2/1/22

Presented for vaccines on 1/26/22 and potential spay. Unknown history and got from friends who were moving (military family and might have moved a lot), intact, last heat cycle in October. Unknown vx history. Feeding rachel rays/beneful Presented with grade 3/4 dental disease and moderate recession to several teeth, Grade 4/6 left (truthfully did not auscultate right side :(bad vet) systolic basilar murmur, mild respiratory effort but no crackles/wheezes noted. Severe abdominal distention (pear shaped). Blood work declined but may have done day of echo as well as HWT to be done. Heart Rate and Respiratory Rates 170BPM HR, resp whining in room Blood Pressure Measurements 198, 96, 130 Current Medications None Radiographic Findings My findings- Severe generalized enlargement of the cardiac silhouette, pulmonary arteries and veins mildly distended. There is a bronchointerstitial pattern present diffusely in the lung parenchyma with start of alveolar pattern in cranial aspect. The liver is moderately diffusely distended as it is well past the last rib, the entire abdomen is distended with loss of serosal detail diffusely. The stomach has mild amount of ingesta and the GI tract has mild amount of gas present throughout. Cannot visualize well the kidneys (left kidney visible and normal on VD view, 1 visible on lateral but unsure which) or spleen or urinary bladder. Suspected congestive heart failure (likely both right and left) with distention of the liver with ascites present from heart failure.

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	5.0	4.0	2.6	2.4	68	95	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	188	1.2	0.99		4.83	2.84	

Cardiac Presentation

The cardiac presentation revealed severe volume overload of the left heart with mitral and tricuspid insufficiency. The exam was performed rapidly owing to respiratory distress of the patient with minimal database obtained. Volume overload noted in both the left and right heart. Trace pericardial effusion noted, which may be indicative of an early left atrial tear.

Ascites noted in the abdomen with dilated hepatic veins.

ULTRASONOGRAPHIC FINDINGS

- Stage D1 valvular disease



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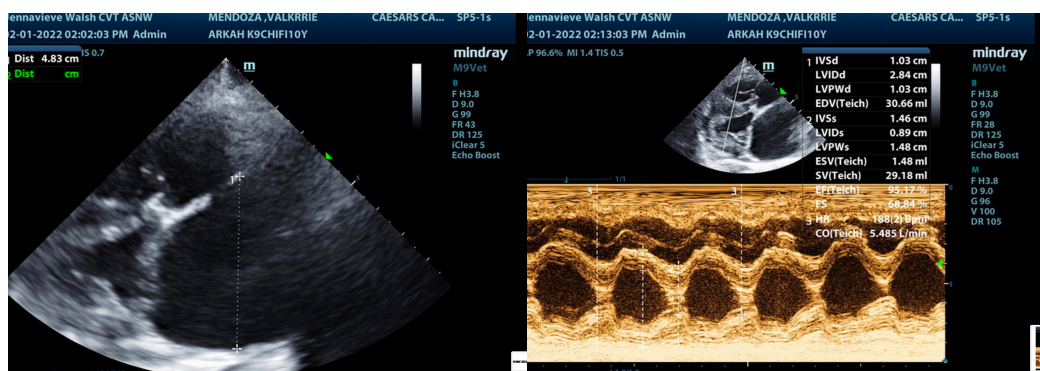
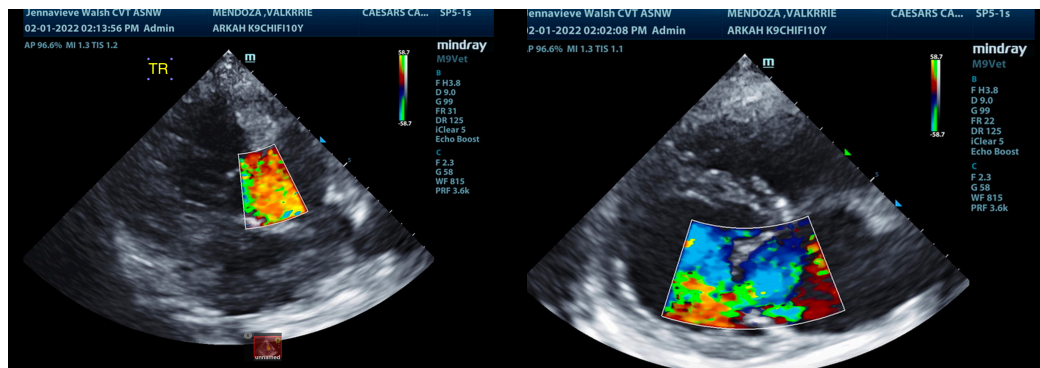
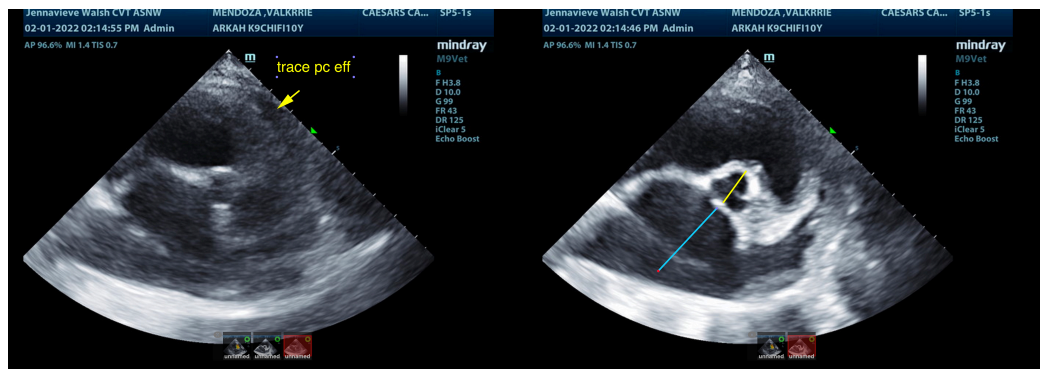
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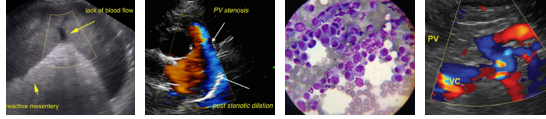
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is at high risk for sudden death. Cage rest, oxygen therapy, aggressive quadrotherapy recommended. Lasix recommended at 3-4 mg/kg BID, Pimobendan 0.3 mg/kg BID, ACE inhibitor 0.5 mg/kg SID, Spironolactone at 1-2 mg/kg BID, and Torbutrol or hycodan for cough and sedation. This will not affect cardiac function. Prognosis is extremely guarded to poor. Recheck echo in 7-10 days if the patient survives this episode. Target respiratory rate of <20/min.





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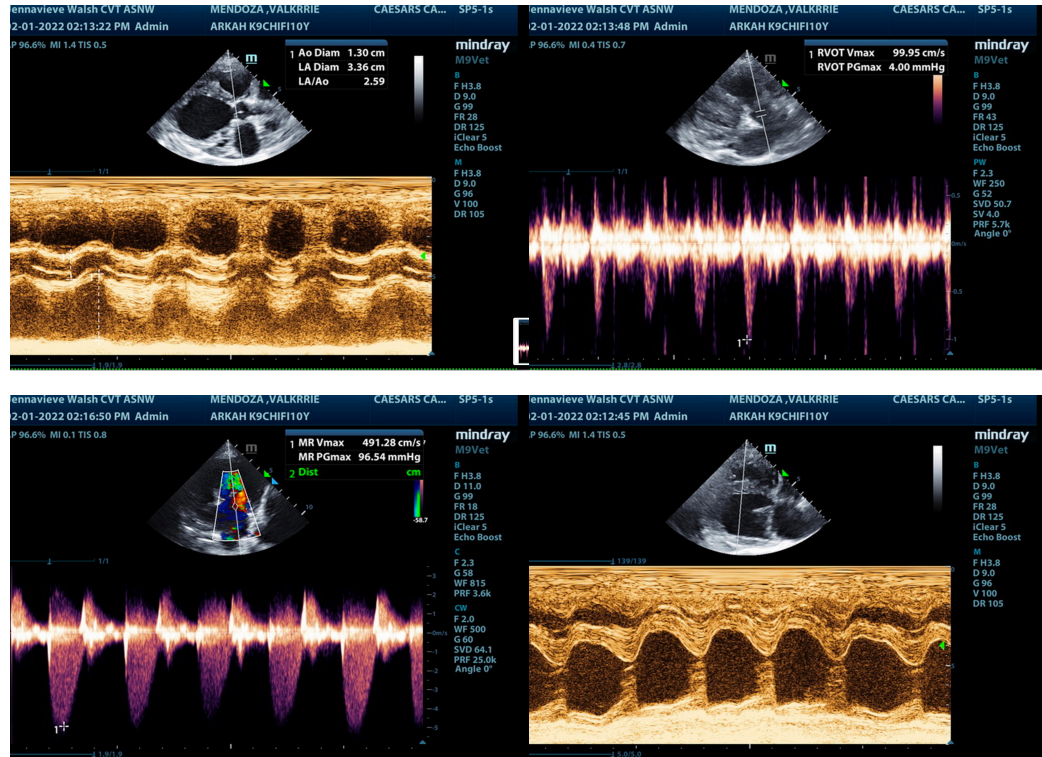
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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