



**PATIENT**

Mojo Comella Cortay

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

5.9 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Green

**HOSPITAL NAME**

Healing Spirit Animal  
Wellness

**REFERRING VET**

Dr. Green

**INVOICE**

96204

**DATE**

2/21/22

**PRESENTING CLINICAL SIGNS**

Recent cough, approximately 1 week duration, noted primarily at night.  
Grade v/vi systolic murmur, lungs clear on auscultation, no radiographic evidence of CHF

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

The echocardiogram in this patient demonstrated enlarged **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Prolapse of the anterior mitral valve leaflet was noted. 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). Slight **pericardial** effusion was noted. This may be owing to left atrial tear. No tamponade effect noted.

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
<b>CARDIAC PARAMETERS</b>	<b>VMAX</b> (m/s)	<b>VMAX</b> (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>			1.8	2.5	34	65	NM
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
<b>CARDIAC PARAMETERS</b>	(BPM)	<b>VMAX</b> (m/s)	<b>MAX</b> (m/s)		2D short axis Base view (cm)	Avg; 2D and m- mode short axis (cm)	Avg; 2D and m- mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>			0.6	5.9 lbs	4.0 max	2.27	

**ULTRASONOGRAPHIC FINDINGS**

Advanced stage B2-early C1 valvular disease. Trace pericardial effusion, possible early left atrial tear.



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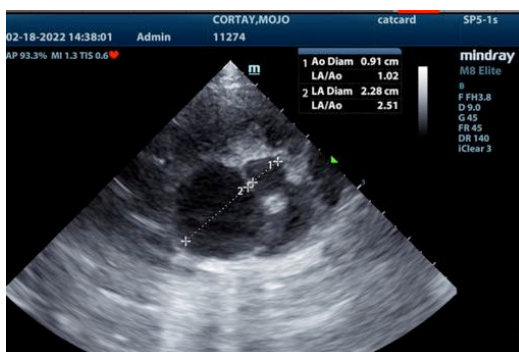
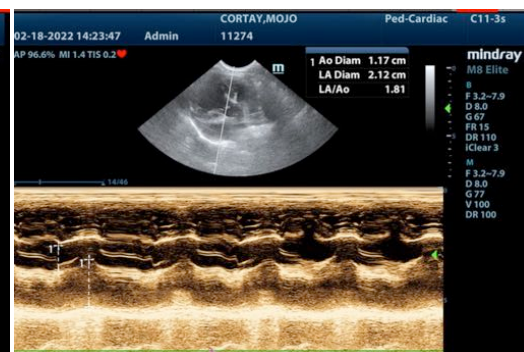
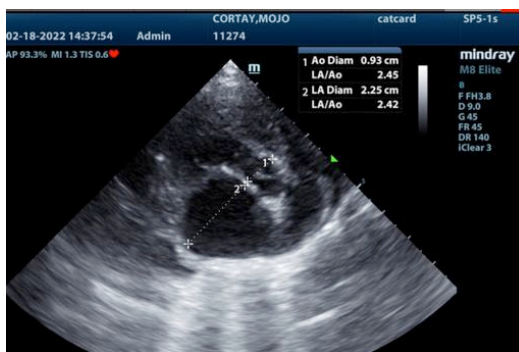
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend quadro therapy in this patient. Lasix 2-3 mg/kg b.i.d, Spironolactone 1-2 mg/kg b.i.d., ace inhibitor at 0.5 mg/kg s.i.d. progressing to b.i.d. and Pimobendan at 0.3 mg/kg b.i.d. Guarded prognosis. The patient is at risk for sudden death.

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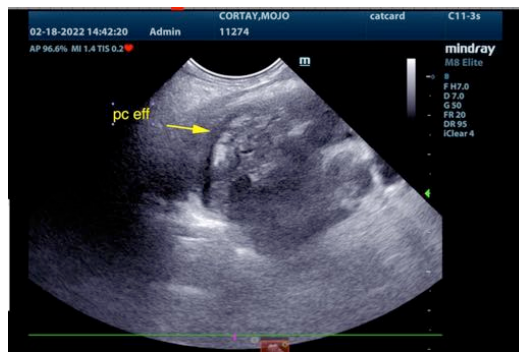
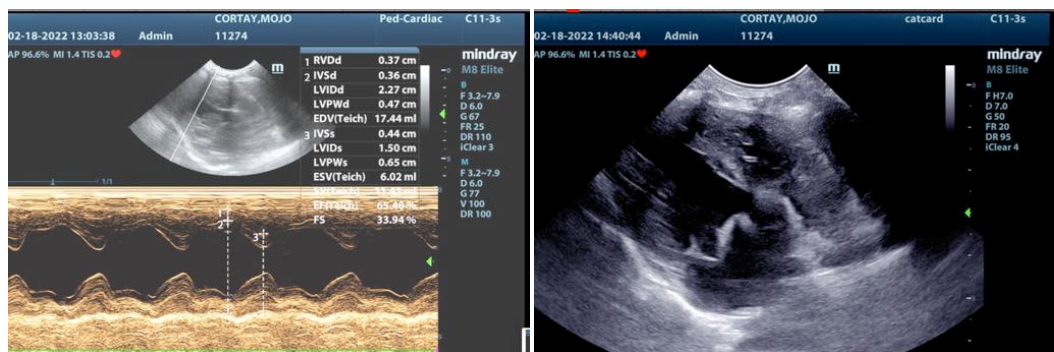
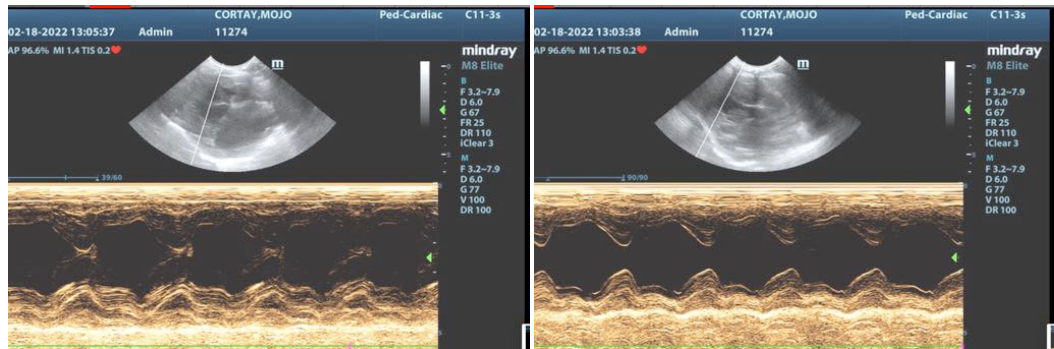
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
info@SonoPath.com