



**PATIENT PRESENTING CLINICAL SIGNS**

**Tobie Stojanoska** History: Murmur, syncopal episodes. No current meds other than Torb on board for u/s. Rads and rad report attached for reference.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: ALP 3652, ALT 136, Cardiopet Pro BNP 1581

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**BREED**

Maltese

**SEX**

Neutered Male

**AGE**

13.5 Years

**WEIGHT**

15.8 Pounds

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. 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** was significantly enlarged with a 1:1 ratio with the left atrium. Severe **tricuspid** insufficiency was noted. 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). Trace **pericardial** effusion was noted. There is a potential of early left atrial tear. The cranial **mediastinum and pericardial regions** were free of masses in the visible window. The hepatic veins were dilated with secondary ascites. The vena cava was dilated to 1.31 cm. Arrhythmogenic activity was noted.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Morris Hills VC

**REFERRING VET**

Dr. Hirshenson

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>	5.5	4.0	2.52		39	71	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>	152	1.32	1.0	15.8 lbs	3.8 max	3.44	

**INVOICE**

**DATE**

2/21/22



**PATIENT**

Tobie Stojanoska

**ULTRASONOGRAPHIC FINDINGS**

- Severe mitral and tricuspid insufficiency, volume overload of the left and right heart.

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Aggressive quadro therapy and cage rest is recommended. Lasix 2-4 mg/kg b.i.d., ace inhibitor at 0.5 mg/kg s.i.d. progressing to b.i.d., Pimobendan at 0.3 mg/kg b.i.d. and Spironolactone at 1-2 mg/kg b.i.d. Recheck echocardiogram is recommended in 7-10 days. The patient is at high risk for sudden death.

**BREED**

Maltese

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.

**AGE**

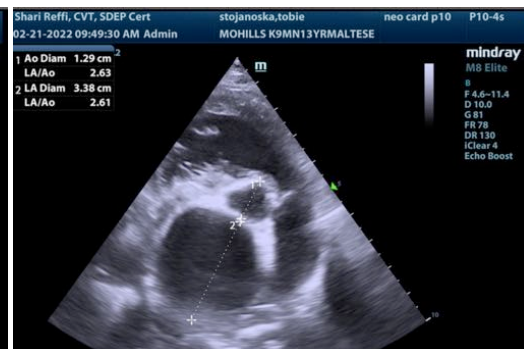
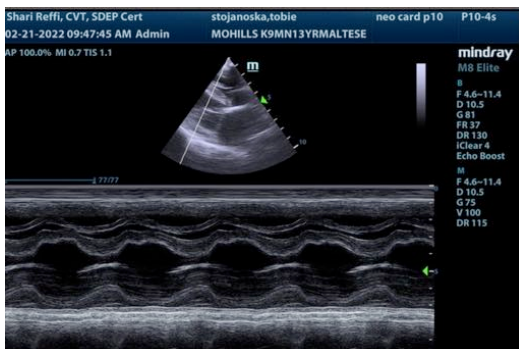
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Eric Lindquist, DMV DABVP, Cert. IVUSS

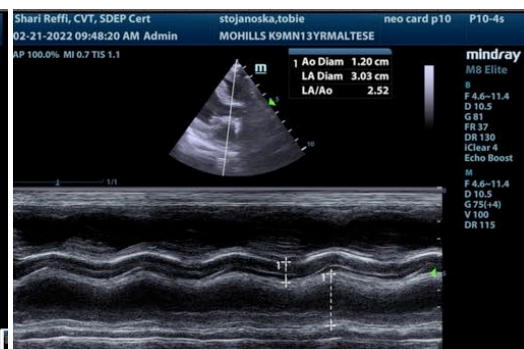


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Shari Reffi, CVT

**HOSPITAL NAME**

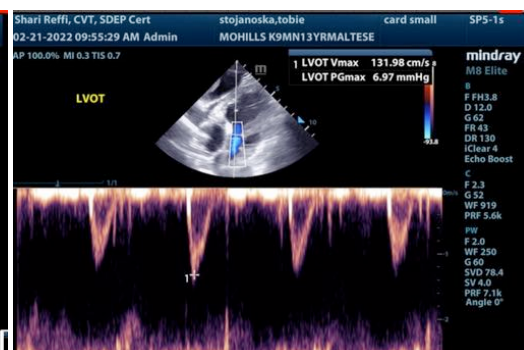
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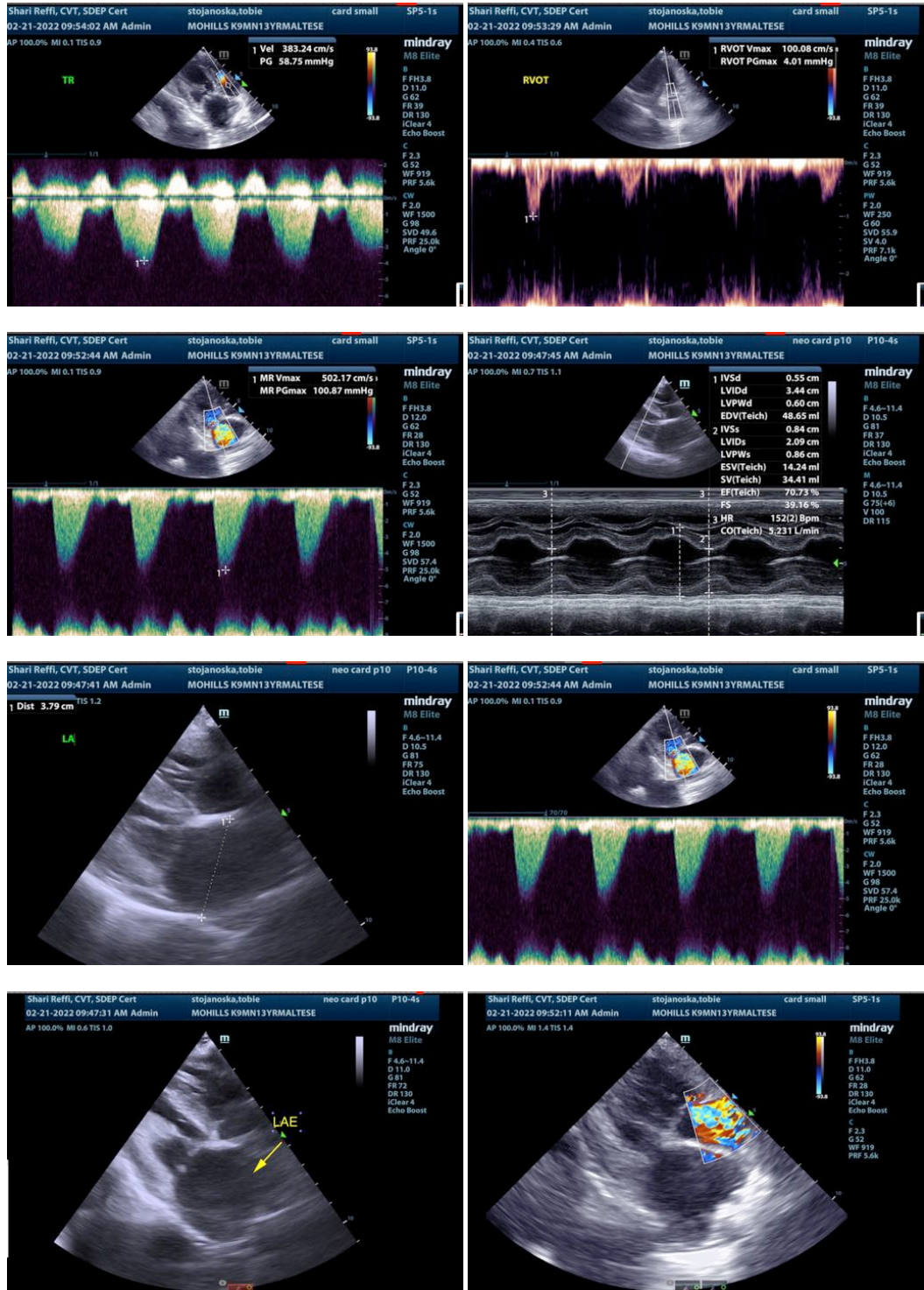
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT**

can be of any further assistance please contact me.

Tobie Stojanoska

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

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