



PATIENT

Cocoa Vokurka

SPECIES

Canine

BREED

Pomeranian Cross

SEX

Neutered male

AGE

7 years

WEIGHT

3.2 kg

PRESENTING CLINICAL SIGNS

History: Nasal Pharyngeal stenosis diagnosed by specialist years ago. Cyanosis if stressed. right sided heart enlargement and PHT. On Pimobendan 0.3 mg/kg sid for maintenance. Aerophagia from level of inspiratory effort.

Abnormal PE/Chem/CBC/UA Results: Mild high WBC-chronic inflammation suspect. Rads do not reveal pneumonia but patient does have chronic sinus issues.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **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. Minor 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. Minor **right atrial** enlargement with a 1:1 ratio with the left atrium. **Tricuspid** insufficiency was noted. Concentric **right ventricular** hypertrophy was noted with adequate contractility. **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. Periodic arrhythmia was noted.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. McFarlen

HOSPITAL NAME

Van Isle VH

REFERRING VET

Dr. McFarlen

INVOICE

42966

DATE

2/24/23

| CANINE CARDIAC PARAMETERS | MR VMAX (m/s) | TR VMAX (m/s) | LA/AO (Boon method) | LA/AO (Heart Base;) | FS (%) | EF (%) | EPSS (cm) |
|---------------------------------|---------------------|---------------------|------------------------|------------------------|--|--|--|
| NORMAL PARAMETER | 4.5-5.5 | <2.7 | 1.3 | <1.6 | 28-40 | 40-100 | <0.6 |
| PATIENT | 6.23 | 3.6 | NM | 1.5 | 35 | 68 | 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 | BELOW | BELOW | BELOW | BELOW |
| PATIENT | | 1.89 | | 3.2 | 1.9 | 1.81 | |



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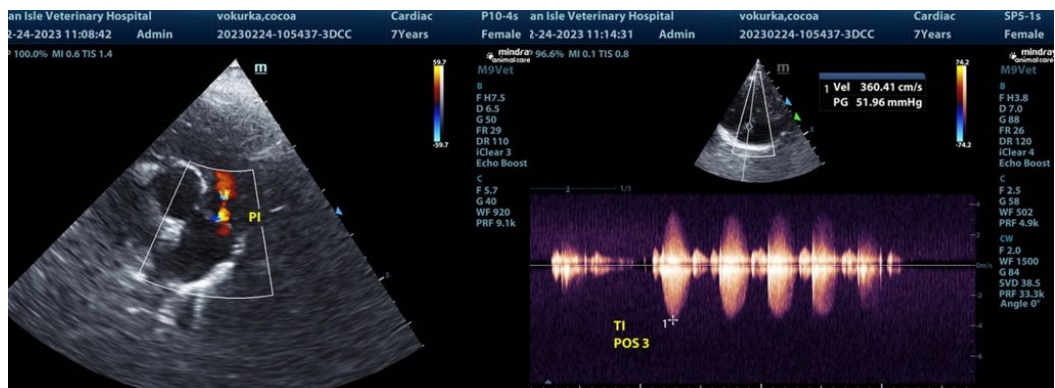
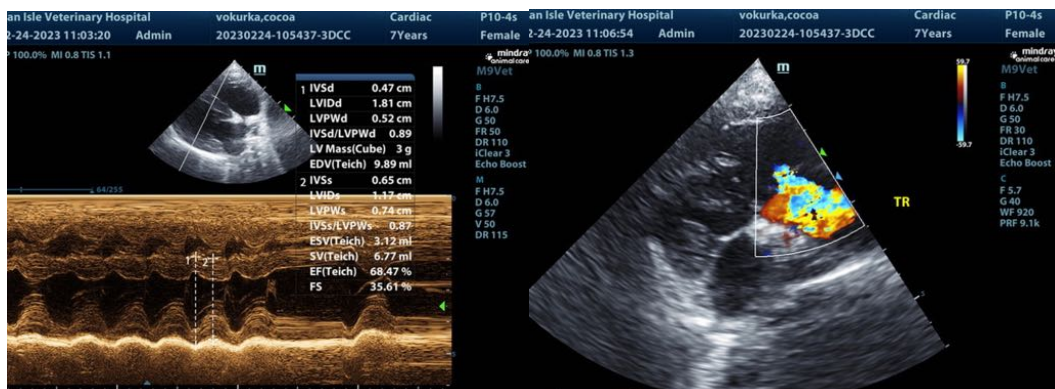
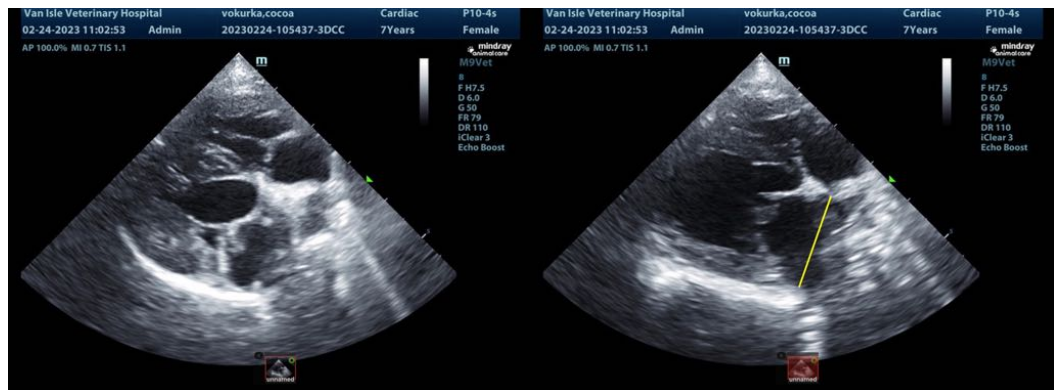
ULTRASONOGRAPHIC FINDINGS

Mitral and tricuspid insufficiency with mild pulmonary hypertension. Tricuspid insufficiency more severe than the mitral insufficiency.

Compensated valvular disease with mild pulmonary hypertension.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Blood pressure measurements are warranted. I recommend continuation of current protocol as the volumes are contained. I do not feel that the pulmonary hypertension is severe enough to add additional medications unless systolic pressure is greater than 160, then ace inhibitor would be indicated.





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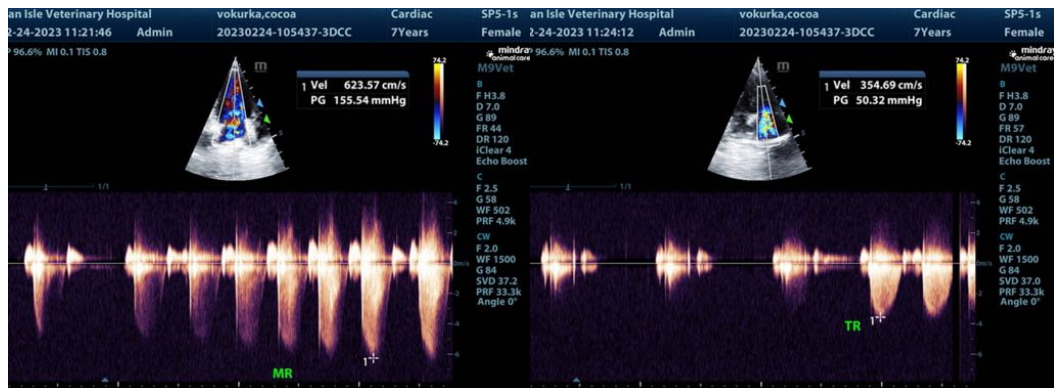
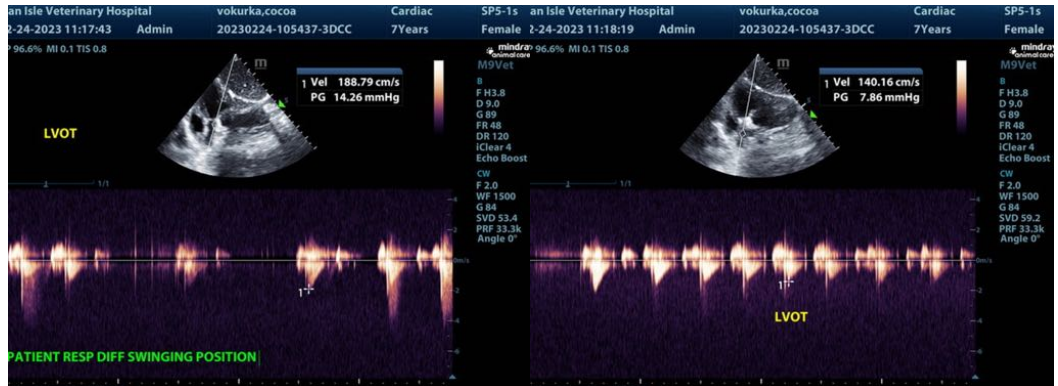
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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