



PATIENT PRESENTING CLINICAL SIGNS

Mia King History: 3/6 murmur, R/O mitral and tricuspid dz. On SamElQ
Abnormal PE/Chem/CBC/UA Results: ALT 265, glob 3.7

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

13 Years

WEIGHT

7.6 Pounds

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	5.10	2.5	1.5	1.8	49	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	BELOW	BELOW	BELOW	BELOW
PATIENT	202	1.00		--	2.6	2.59	

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr. Ammeraal

INVOICE

14267

DATE

3/11/22

Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements Chamber volumes and echogenicity were normal. Prolapsed anterior mitral valve leaflet 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** insufficiency noted at 2.5 m/s. 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). 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.

ULTRASONOGRAPHIC FINDINGS

- Mid stage B-2 valvular disease
- Prolapse of the anterior mitral valve leaflet noted
- Mild to moderate left atrial enlargement



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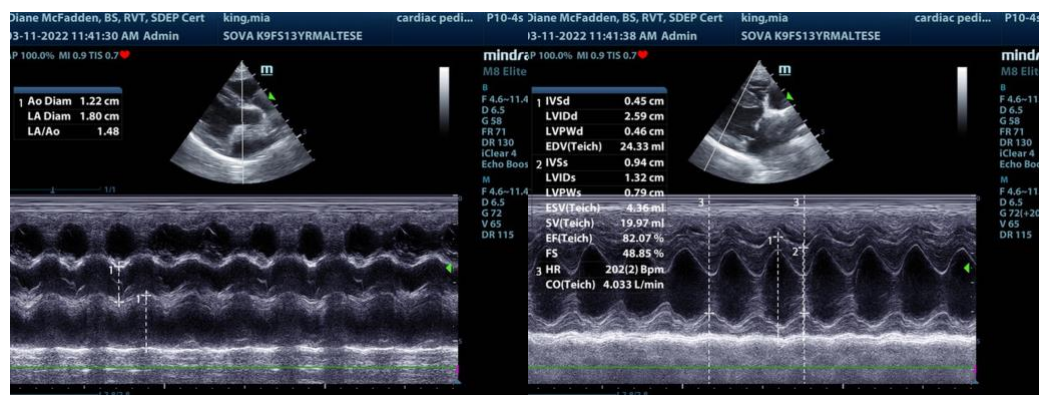
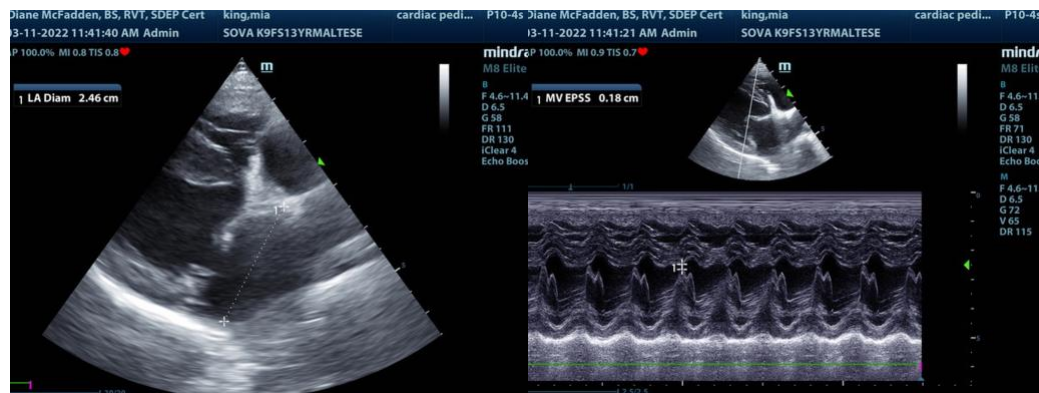
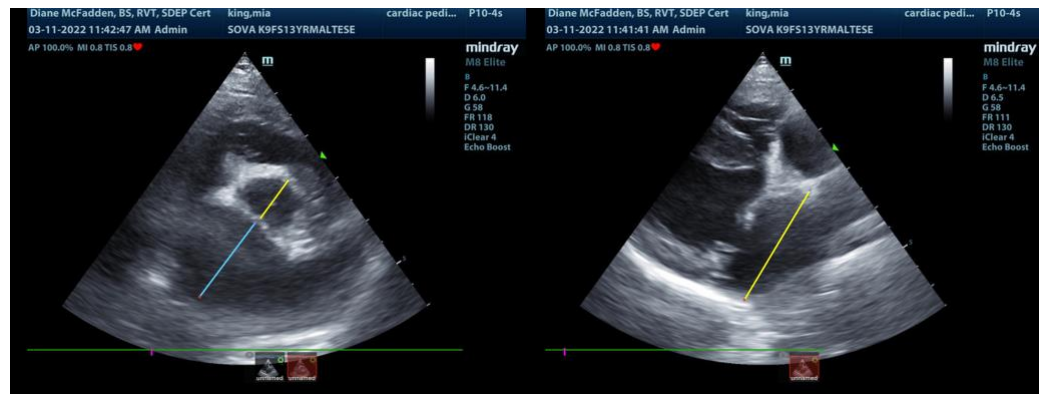
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend initiating Pimobendan at 0.3 mg/kg BID. If systolic blood pressure is > 160, Ace-Inhibitory therapy is warranted. Low-dose Spironolactone could be considered at 1-2 mg/kg BID. Recheck echo in one month given the mitral prolapse. The patient may have ruptured a chordae tendineae recently. I do not recommend anesthetic procedure, if necessary, until follow up echocardiogram.





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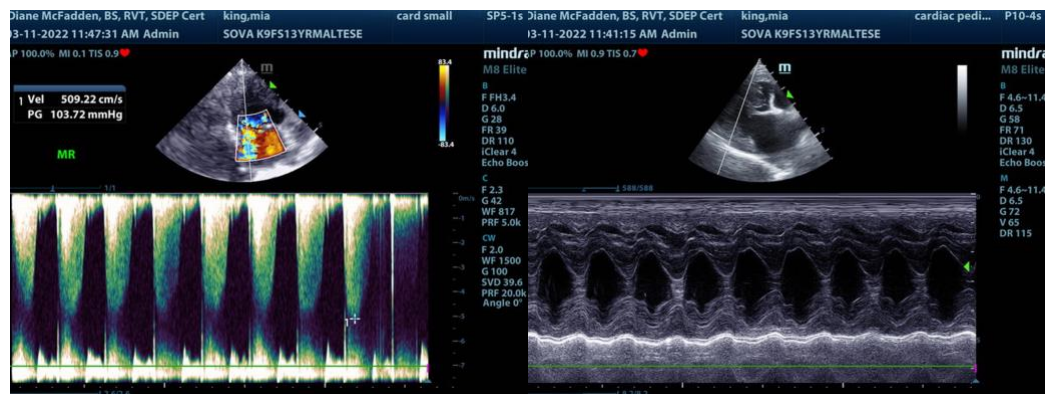
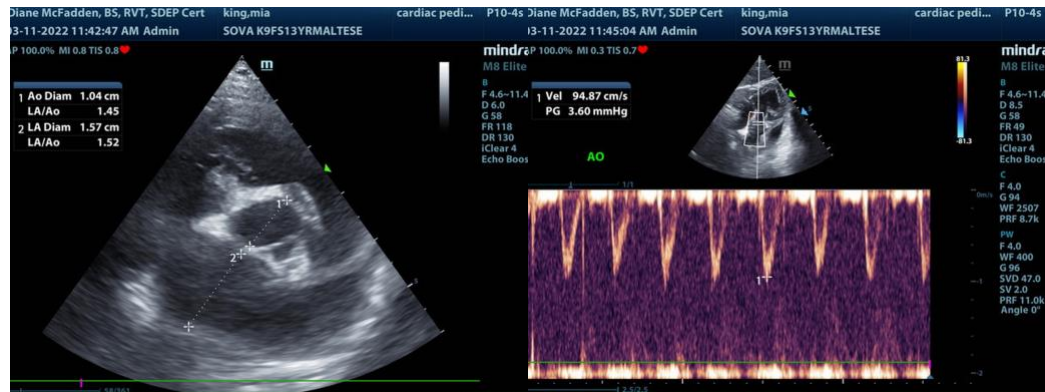
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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