



PATIENT PRESENTING CLINICAL SIGNS

Trixie Huh History: Dyspnea even in O2 cage, coughing, grade IV/VI murmur. Rads: mild cardiomegaly & LAE, collapsing trachea/dynamic airway dz. Current meds: O2, Lasix 2.8mg/kg q12h, Butorphanol 0.2mg/kg q12h

SPECIES Abnormal PE/Chem/CBC/UA Results: WBC 18.31 (17 H); Neut 14.75 (12.3 H); TP 8.3 (7.6 H)

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED 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. Minor aortic insufficiency was noted. 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). 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. The patient was tachypnic.

Maltese

SEX

Female

AGE

9 years

WEIGHT

6.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Kim

INVOICE

97948

DATE

3/31/22

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	5.11		1.4	1.8	53	85	0.18
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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	143	1.0	1.0	6.9 lbs	3.0	1.58	



PATIENT **ULTRASONOGRAPHIC FINDINGS**

Trixie Huh
 Mitral valve prolapse, mild to moderate.
 Mild to moderate left atrial enlargement.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Maltese

A large amount of respiratory interference was noted. There is cardiac disease in this patient and emerging left-sided heart failure. However, I believe that concurrent respiratory disease may also be playing a role. I recommend initiating Pimobendan at 0.3 mg/kg b.i.d., ace inhibitor at 0.5 ,g/kg s.i.d. and Lasix at 2-3 mg/kg b.i.d. and assessment of azotemia. Primary respiratory protocol is also warranted with bronchodilator and antibiotic along with oxygen therapy as necessary. Recheck echocardiogram is recommended in 10-14 days. Torbutrol can be utilized to calm the patient.

SEX

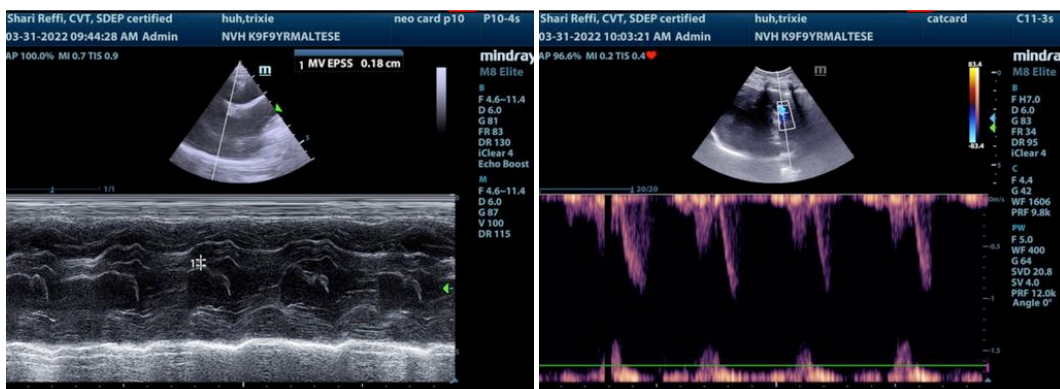
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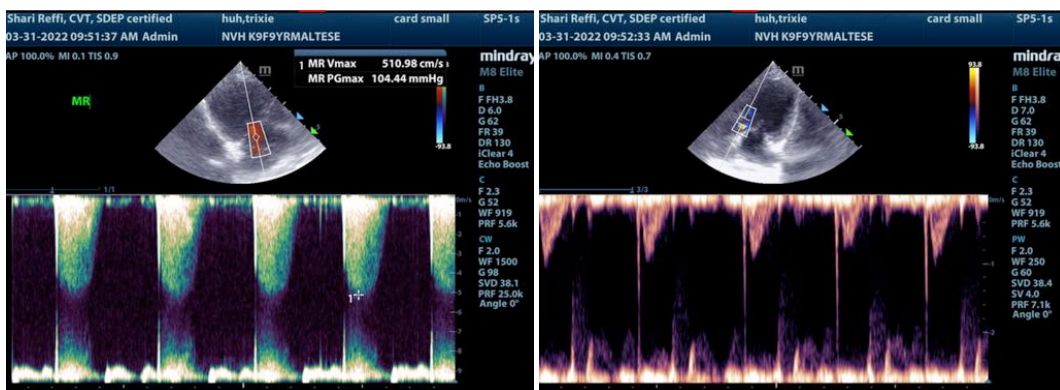
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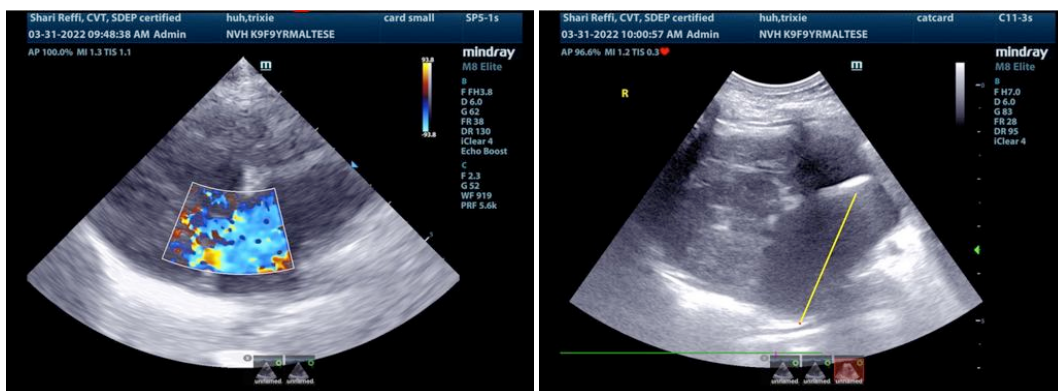
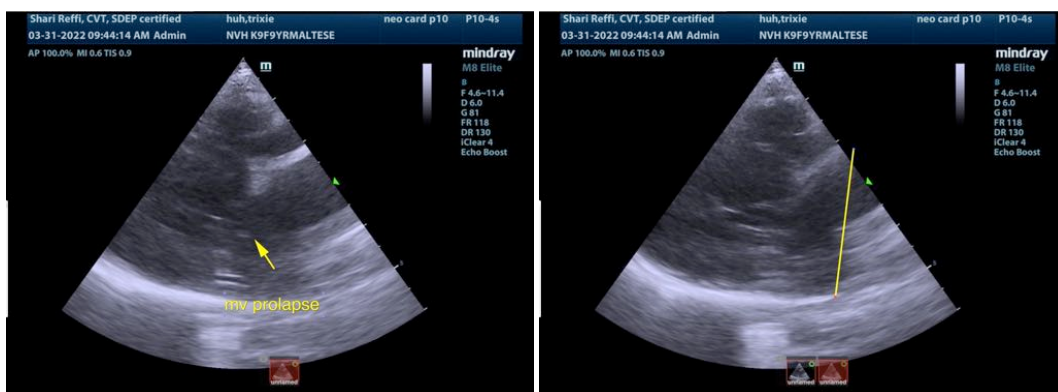
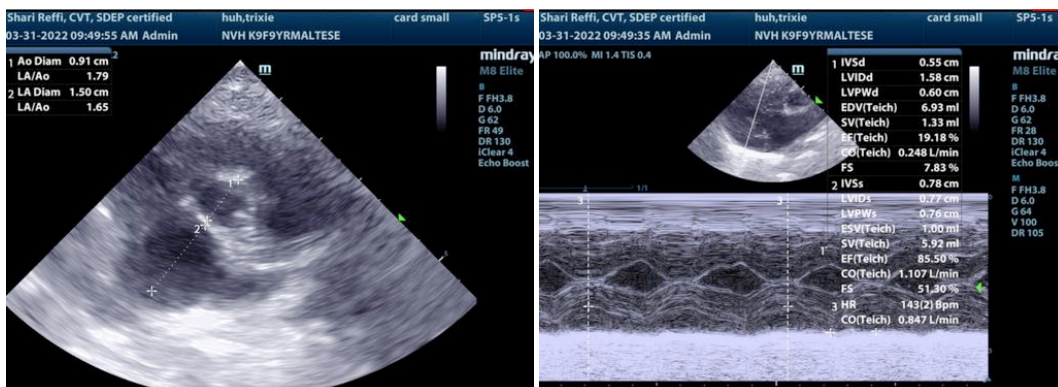
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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