


PATIENT

Phoebe Herly

PRESENTING CLINICAL SIGNS

Respiratory distress yeasterday- Grade III-V/VI systolic murmur, tachycardic, LA big on rads- mild perihilar pulmonary edema - at Eclipse

SPECIES

Canine

Current meds: Lasix Enalapril, Vetmedin

Abnormal PE/Chem/CBC/UA Results: ALT 172, mild neutrophilia 13650, BUN 454

BREED

Chihuahua

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
SEX

FS

AGE

17yr

WEIGHT

6.93

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	<1.3	28-40	40-100	<0.6
PATIENT	5.01		1.3	1.6	50		
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				
PATIENT	110	1.30	1.20		2.1	2.0	

INTERPRETED BY

 Eric Lindquist, DMV
 DABVP, Cert. IVUSS

Cardiac Presentation

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. Prolapse of the anterior mitral valve leaflet noted. Doppler indicated measurable insufficiency. Concentric hypertrophy of the left ventricle noted. 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). 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.

IMAGING PERFORMED BY
 Jessica Miller

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

13120ag

ULTRASONOGRAPHIC FINDINGS

- Concentric left ventricular hypertrophy-likely pseudohypertrophy owing to volume contraction

DATE

03/07/2023



PATIENT

Phoebe Herly

- Stage B1 valvular disease-no evidence of heart failure
- Normal LA size

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

17yr

WEIGHT

6.93

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

13120ag

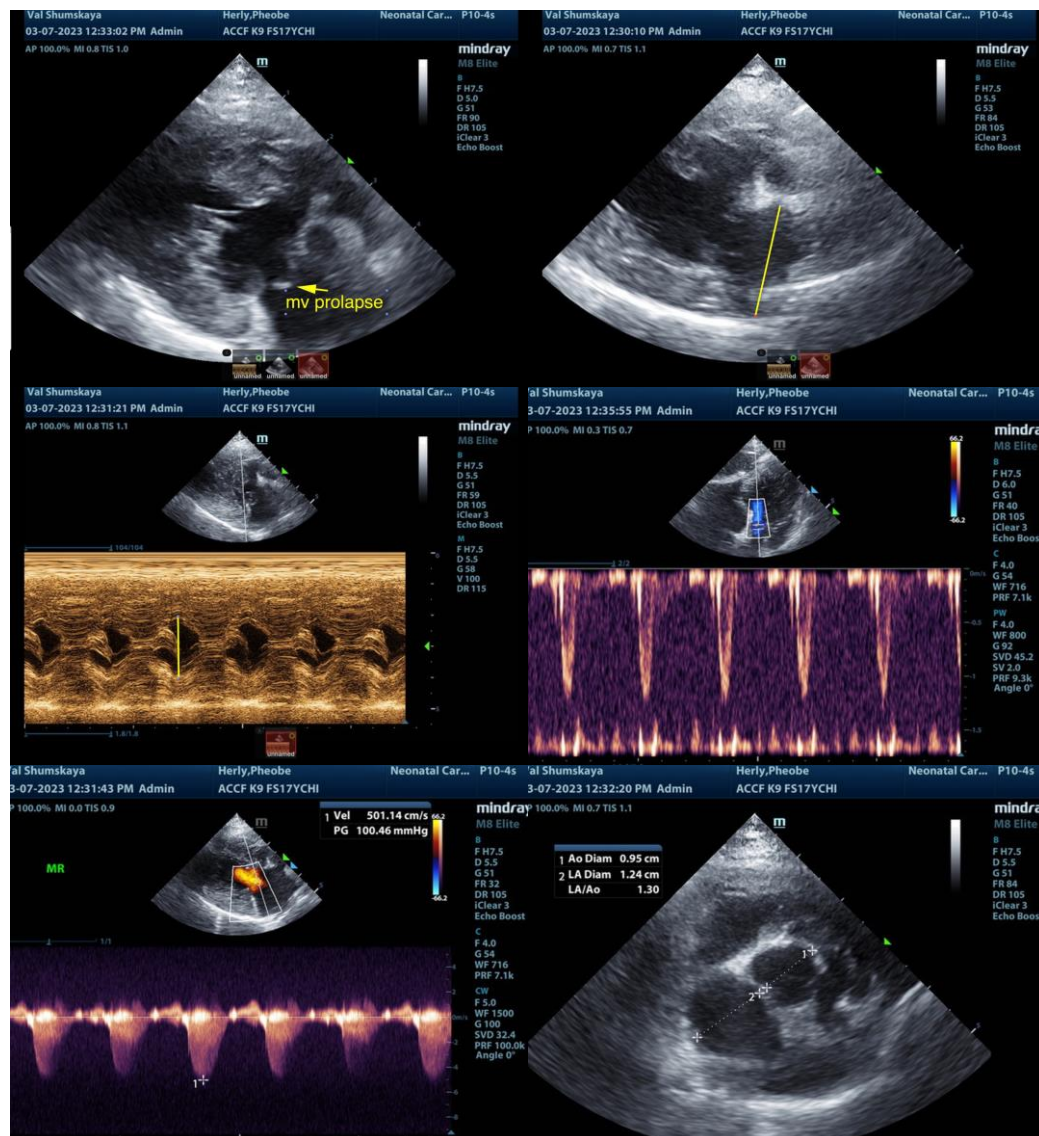
DATE

03/07/2023

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The respiratory issues are not cardiogenic in this patient. Primary respiratory disease, thromboembolic disease, pneumonitis all possible depending on radiographic findings. Recommend reducing Lasix therapy in this patient. If the patient is able to be stabilized, then recheck echocardiogram in 2 weeks is advised. BUN, CREAT, BP, USG and target RR of <25/m are all parameters to monitor.

The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflurane maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target white coat negative systolic pressure of < 160 mmHg. If higher than this ACE-inhibitor is suggested to reach this level.





PATIENT

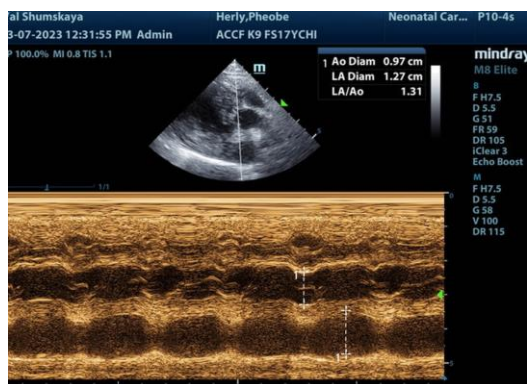
Phoebe Herly

SPECIES

Canine

BREED

Chihuahua



SEX

FS

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.

AGE

17yr

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.

WEIGHT

6.93

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

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

13120ag

DATE

03/07/2023