



PATIENT

Molly Diaz

SPECIES

Canine

BREED

Dachshund Mix

SEX

Spayed Female

AGE

10 Years 9 Months

WEIGHT

17.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Alex McFeely, DVM

HOSPITAL NAME

Straley VA

REFERRING VET

Alex McFeely, DVM

INVOICE

14797

DATE

4/16/22

PRESENTING CLINICAL SIGNS

History: Molly presented for a routine exam on 4/4/22 and a novel III/VI cardiac murmur was ausculted, and vaccinations were updated. On 4/8/22, she represented for coughing, gagging, and having possible syncopal episodes several times over course of 2 days, often during times of increased activity. Chest rads revealed an enlarged cardiac silhouette with VHS of 11.5-12, bronchointerstitial pattern that was widespread, loss of cardiac waist, distended pulmonary vessels and a rounded liver. Stage C MMVD was suspected and 2.5mg pimobendan PO BID and 20mg furosemide PO BID were started and the cardiac ultrasound was scheduled. During appointment for cardiac u/s exam, 1.6mg butorphanol was given IV to lightly sedate Molly, and her BP was normal, settling between 141/110 (125) and 148/76 (123) mmHg syst/diast. (MAP). She had improved regarding cough and had no further syncopal episodes since starting on medication.

Abnormal PE/Chem/CBC/UA Results: Mildly increased reticulocytes and normal cbc, otherwise; mild hyperglycemia, AlkP and albumin on 4/8/22.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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	--	--	1.4	1.7	40	--	0.1
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	--	--	.60	--	--	--	--

Cardiac Presentation

The left atrium was enlarged in this patient (3.7 cm). Prolapsed anterior mitral valve leaflet was noted. 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** 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



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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 hepatic veins were not dilated, however, some nodular changes were noted in the liver.

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Canine

ULTRASONOGRAPHIC FINDINGS

- Mitral insufficiency
- Mild left atrial enlargement, consistent with stage B-2 valvular disease

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Dachshund Mix

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

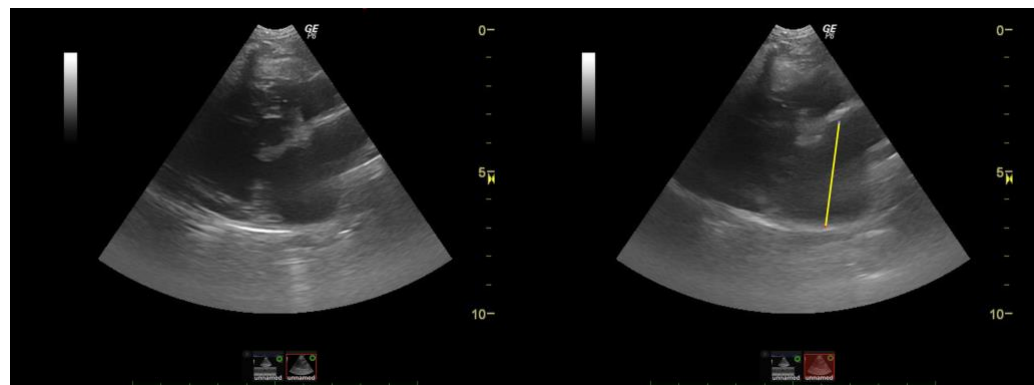
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If left atrial enlargement is persistent, I recommend continuing Pimobendan and furosemide as well as adding ace-inhibitor at 0.5 mg/kg, progressing to BID. Spironolactone could also be considered at 1-2 mg/kg BID. Recheck echocardiogram in 2-4 weeks. Blood pressure measurements and BUN, creatinine, urine specific gravity should be monitored as well as basil respiratory rate and cough.

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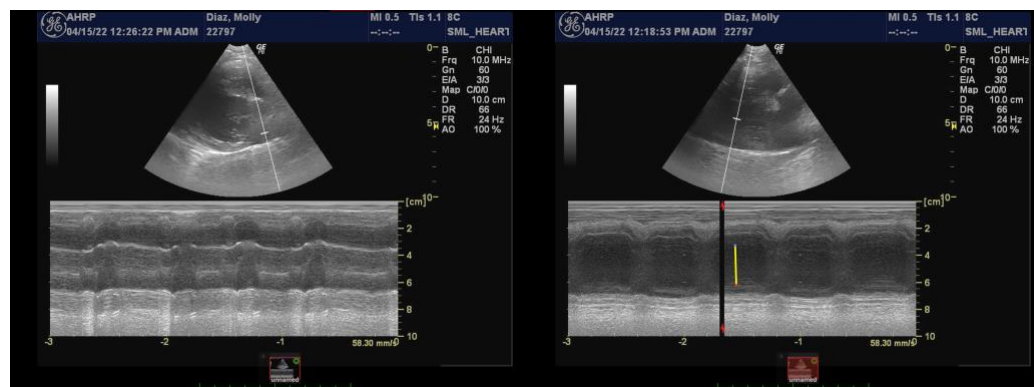
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com