

**PATIENT**

Lolly Pop Meiers

**SPECIES**

Canine

**BREED**

Maltese Mix

**SEX**

Spayed Female

**AGE**

14 years

**WEIGHT**

8 Pounds

**PRESENTING CLINICAL SIGNS**

Patient presents with episodes of collapse. Owners report infrequent episodes in the past that are becoming more frequent. Episodes will last a few minutes, during which she will experience trouble breathing. Coughing. Not currently taking any meds,  
Abnormal PE/Chem/CBC/UA Results: Grade IV/VI systolic heart murmur auscultated, heard best over left side

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

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 antero 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. 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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Jepsen

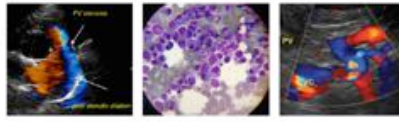
**INVOICE**

1156

**DATE**

4/22/22

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	<1.3	28-40	40-100	<0.6
PATIENT	5.25	2.0	2.0	2.0	59	90	0.2
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	177	1.17	0.57	8 lbs	2.9	2.75	



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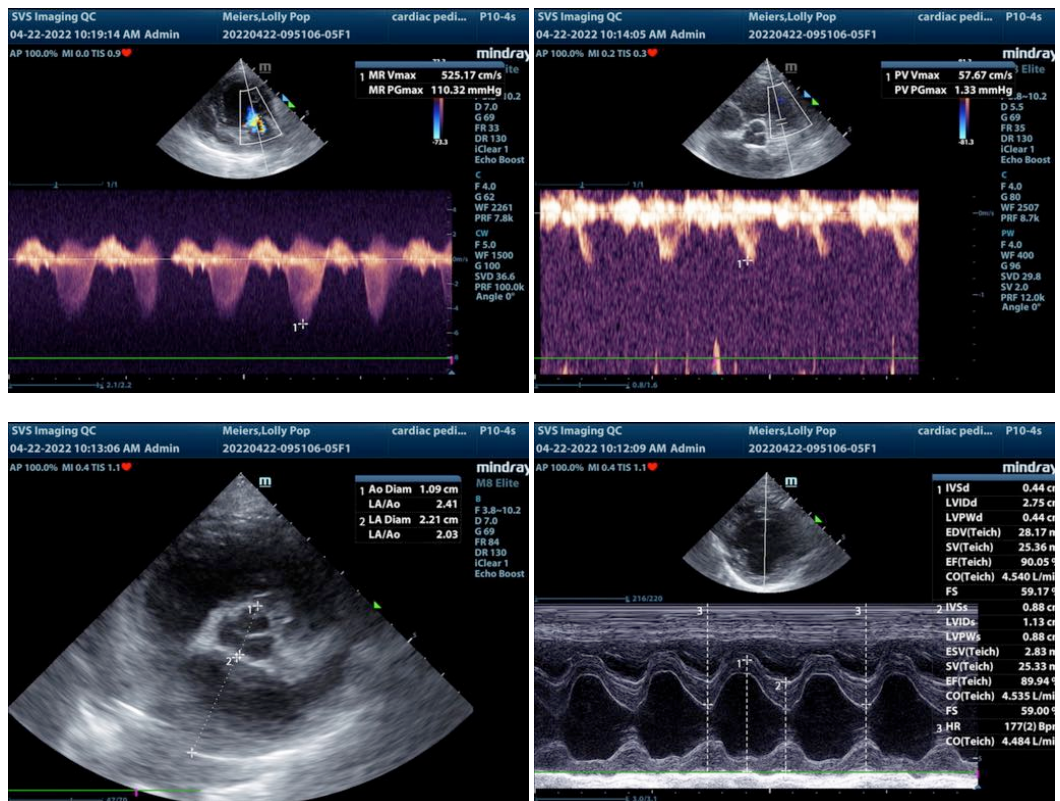
**ULTRASONOGRAPHIC FINDINGS**

Mitral insufficiency.

Mild left atrial enlargement.

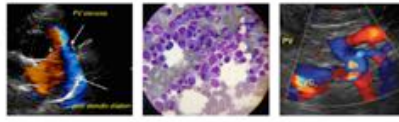
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the patient's history complicating hypertension or paroxysmal arrhythmia is suspected as left-sided volume overload is minor. This is consistent with stage B2 valvular disease. If systolic blood pressure is greater than 160, then I recommend adding ace inhibitor. Pimobendan can be initiated at 0.3 mg/kg b.i.d. Holter monitor is warranted to assess for paroxysmal arrhythmia.



IMAGING PERFORMED BY

svsmobileimaging.com 309-737-3070



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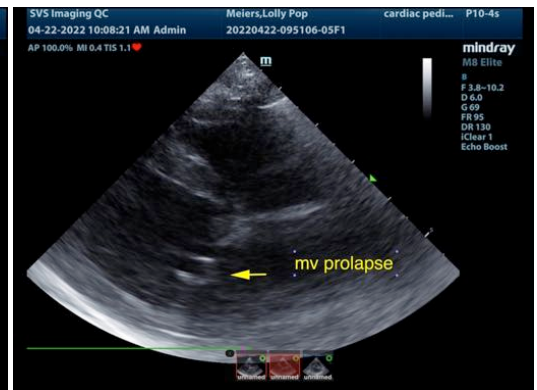
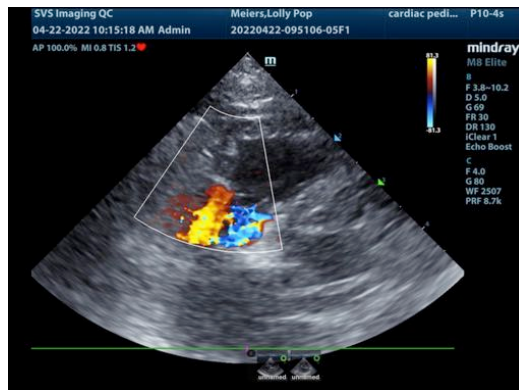
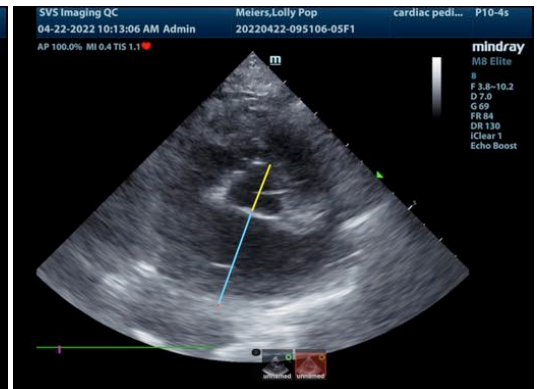
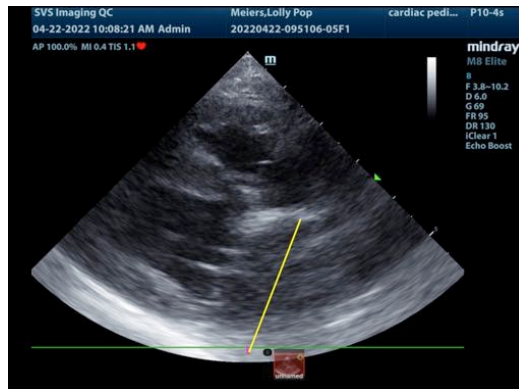
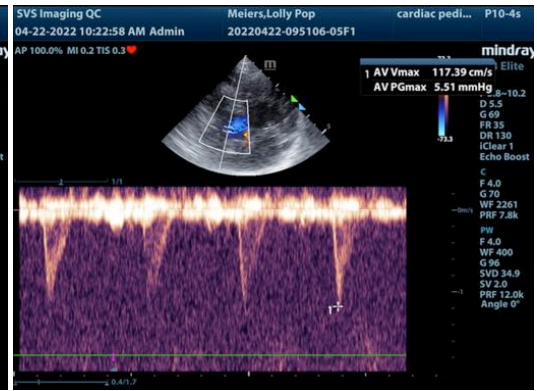
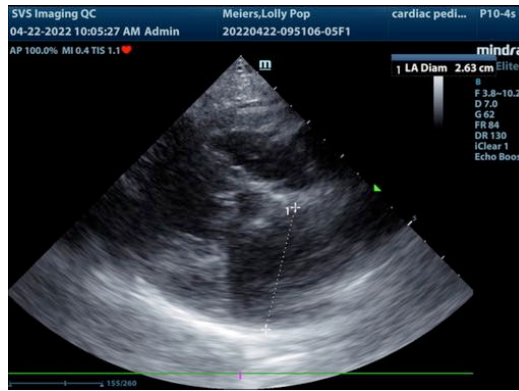
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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