



PATIENT PRESENTING CLINICAL SIGNS

Cappuccino Decker Grade 3/6 murmur, non-clinical.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

14 Years

WEIGHT

7.5 Pounds

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	5.8	3.8-4.4	1.1	1.2	57	89	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	170	1.26	0.60		2.5	1.92	

Cardiac Presentation

The echocardiogram presented a prominent **right heart** with **right ventricular** concentric hypertrophy. 1.5 to 1.0 ratio with the left atrium in four chamber long axis. Tricuspid insufficiency is severe. Normal **right atrial** size. No evidence of neoplasia was noted in the right auricle, or elsewhere in the heart. The **pulmonary artery** was mildly dilated. No overt heartworms were noted in the main or visible deep pulmonary arteries. Yet, theoretically heartworms could be present in the deep pulmonary vasculature out of visible sonographic range. More likely, however, this prominent right heart is due to excessive intra-thoracic pressures caused by chronic respiratory disease or potentially excessive intra-thoracic fat (Pickwickian syndrome). The **left heart** demonstrated a linear **ventricular septum**. Contractility was functionally adequate demonstrated by the FS% measurement. The cranial and caudal **mitral valve** leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. Slight prolapse of the anterior mitral valve leaflet noted. However, left atrial size was contained. The **left ventricular outflow** demonstrated normal flow patterns and velocities through the aortic valve. No evidence of tumor, pericardial or pleural effusion was noted. The visible **extra-cardiac** tissues were uniformly linear without evidence of masses, infiltrative or inflammatory mediastinal tissue. No evident arrhythmic activity was noted during the exam. Hepatic veins were dilated. Liver revealed diffuse nodular changes as well.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

Dr. Ward

ULTRASONOGRAPHIC FINDINGS

- Mitral and tricuspid insufficiency with contained left atrial size.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Blood pressure measurements indicated if not already performed. Sildenafil 1 mg/kg BID x2 weeks, then titrate up to 1.5 mg/kg BID. ACE inhibitor +/- Spironolactone could be considered. Recheck echo

DATE

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in one month. Treatment of any primary respiratory disease indicated as well.

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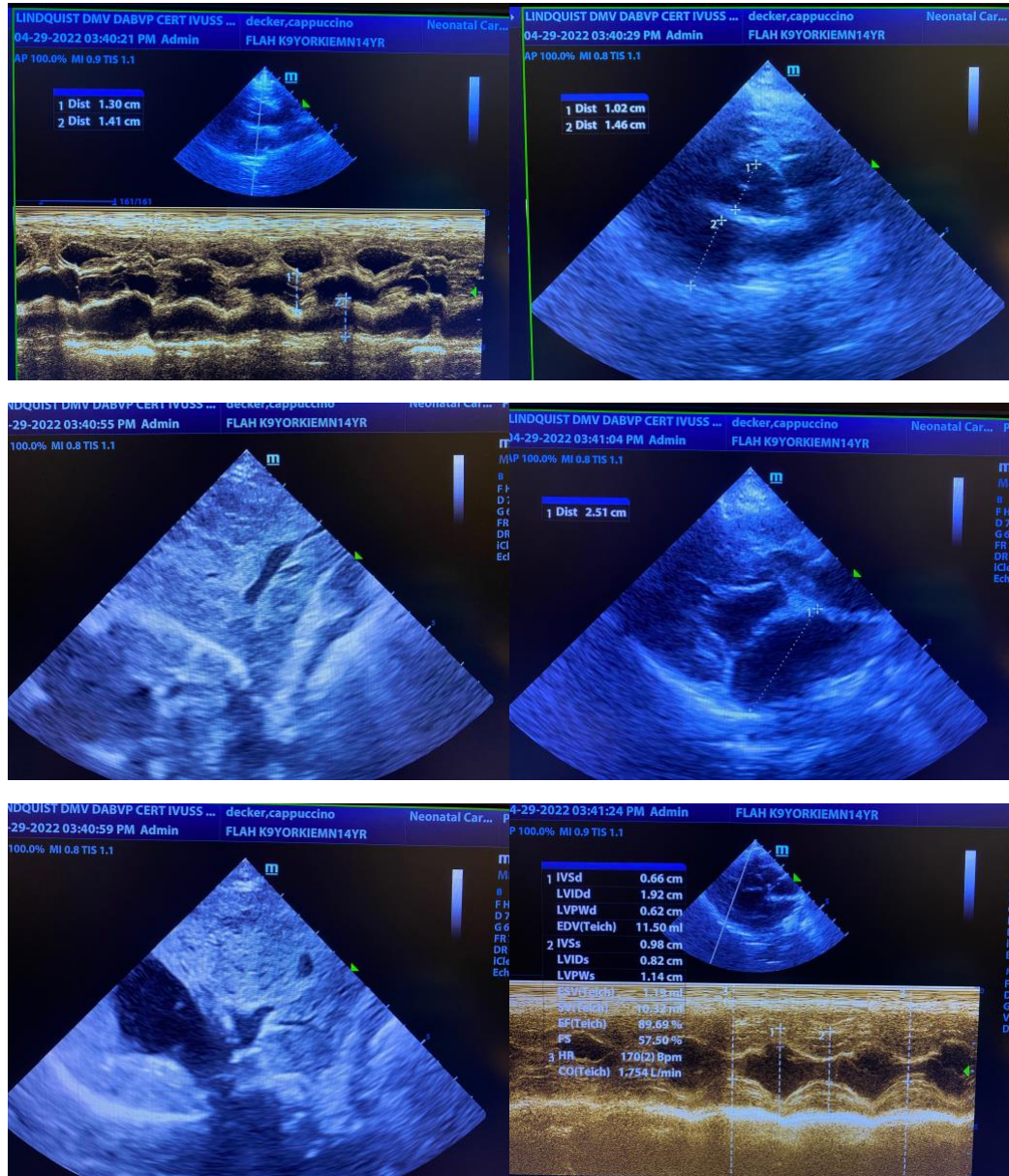
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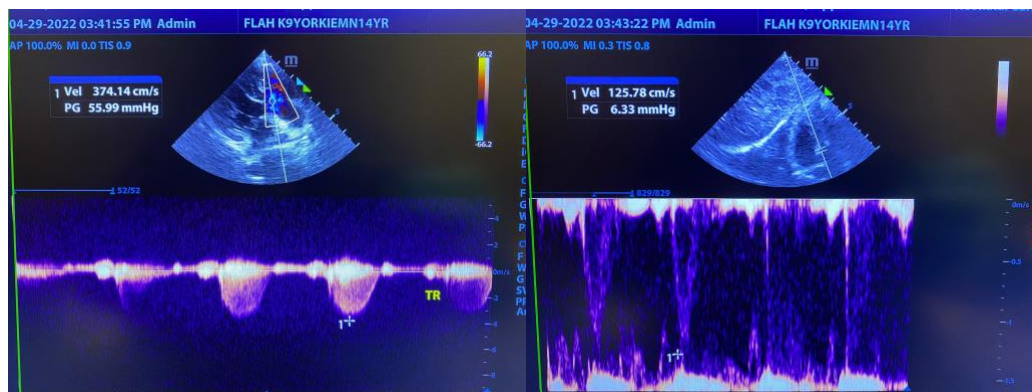
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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