



PATIENT PRESENTING CLINICAL SIGNS

Boo Herb History: Recheck cardiac ultrasound. Heavy panting and coughing more lately. Originally suspected pneumonia based on radiology report but unresponsive to antibiotics and did MUCH better on added furosemide.

SPECIES Abnormal PE/Chem/CBC/UA Results: WNL

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Mix

SEX

Spayed female

AGE

12 years

WEIGHT

13.7 lbs

The **left atrium** in four chamber long axis was upper limits of normal to slightly enlarged. June Boon and heart base measurements 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. Aortic insufficiency was noted at 5.2 m/sec. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** insufficiency was present. . 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 hepatic veins were not dilated. Peripheral comet tail lung pattern was noted.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Christensen

HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. Christensen

| CANINE CARDIAC PARAMETERS | MR VMAX (m/s) | TR VMAX (m/s) | LA/AO (Boon method) | LA/AO (Heart Base;) | 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 | | 1.4 | 1.35 | 54 | 86 | 0.1 |
| 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 | BELOW | BELOW | BELOW | BELOW |
| PATIENT | 117 | 5.2 | | 13.7 lbs | 3.62 | 3.25 | |

INVOICE

43682

DATE

4/3/23



| | |
|----------------|---|
| PATIENT | ULTRASONOGRAPHIC FINDINGS |
| Boo Herb | Compensated valvular disease with peripheral lung consolidations. Upper limits of normal left atrial size. |
| SPECIES | Non-cardiogenic pulmonary edema is suspected as overt criteria for left-sided heart failure is not present. |
| Canine | |
| BREED | INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS |
| Mix | Sudden acute respiratory distress syndrome or pneumonitis is suspected. Pimobendan can be considered given the slight left atrial enlargement in four chamber long axis assuming vertebral heart score is excessive. If systolic blood pressure is > 160 then ace inhibitor therapy is indicated. |
| SEX | Bronchodilator and primary respiratory antibiotic would be appropriate. Fecal exam is recommended to assess for lung worm. |
| Spayed female | |

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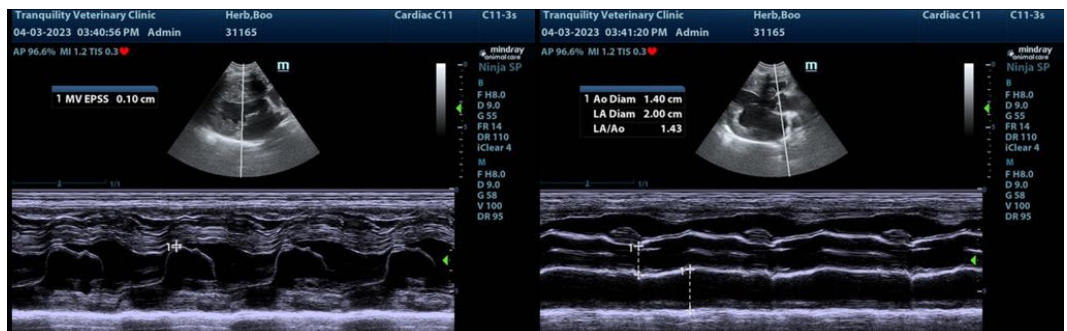
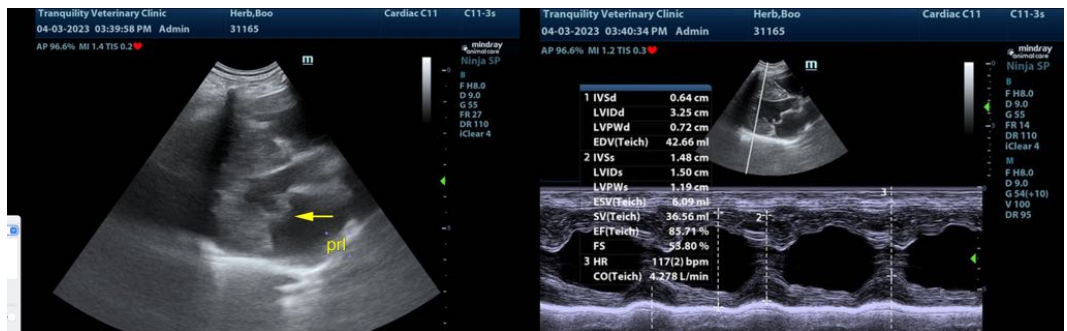
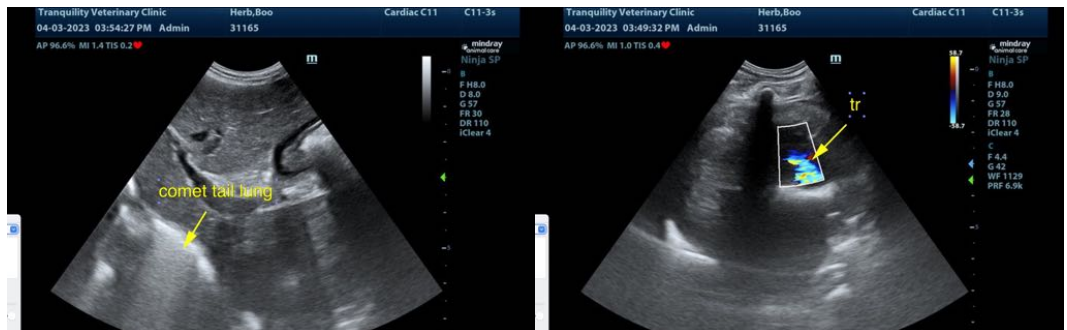
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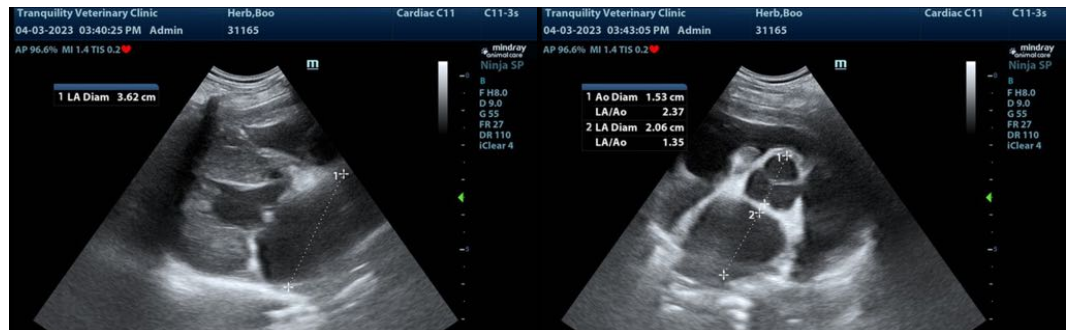
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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