

**PATIENT PRESENTING CLINICAL SIGNS**

Chloe Berryhill

**SPECIES**

Canine

**BREED**

Maltese Mix

**SEX**

Spayed female

**AGE**

9 years

**WEIGHT**

16 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Swart

**HOSPITAL NAME**

Swart Veterinary  
Imaging

**REFERRING VET**

Dr. Swart

**INVOICE**

43665

**DATE**

4/3/23

History: History of murmur, non-clinical, for 2-3 years. Historically would cough when pulling on leash. Controlled with guaifenesin cough tabs. Over last few weeks cough has increased to daily, mostly at night. Radiographs end of last week showed cardiomegaly, increased LAE and perihilar cardiogenic pulmonary edema. P was started on lasix 12.5 mg 1 bid, enalapril 5 mg 1 tab am, 1/2 tab in pm, and butorphanol mixed with lixatinic. Owner reports coughing much improved and patient much more comfortable. Pimo has not been started  
Abnormal PE/Chem/CBC/UA Results: none reported

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

The echocardiogram in this patient demonstrated moderate to severe **left atrial** enlargement. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Complete filling of the left atrium was noted on color flow assessment. Doppler indicated measurable insufficiency. Severe prolapse of the 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** insufficiency was noted at 3.12 m/sec. This is consistent with early pulmonary hypertension. 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.

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
<b>CARDIAC PARAMETERS</b>	<b>VMAX</b> (m/s)	<b>VMAX</b> (m/s)	(Boon method)	(Heart Base;)	(%)	(%)	(cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>	>5.0		2.4		46	-	0.1
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
<b>CARDIAC PARAMETERS</b>	(BPM)	<b>VMAX</b> (m/s)	<b>MAX</b> (m/s)		2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
<b>PATIENT</b>		1.49	1.3	16 lbs	4.43	4.01	





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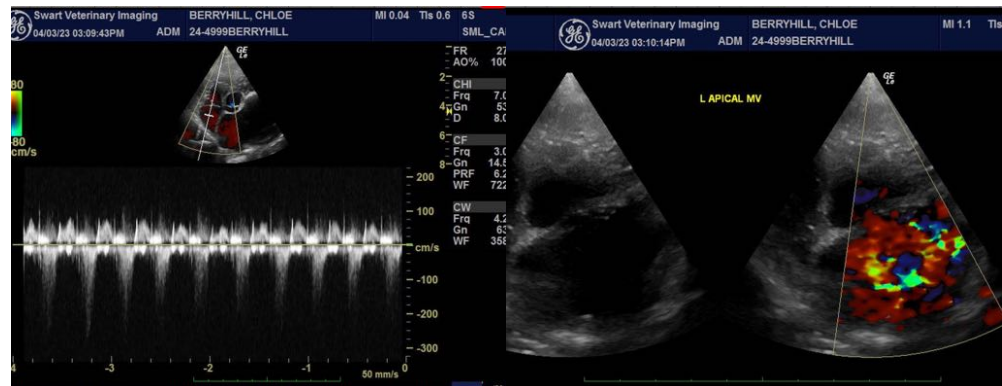
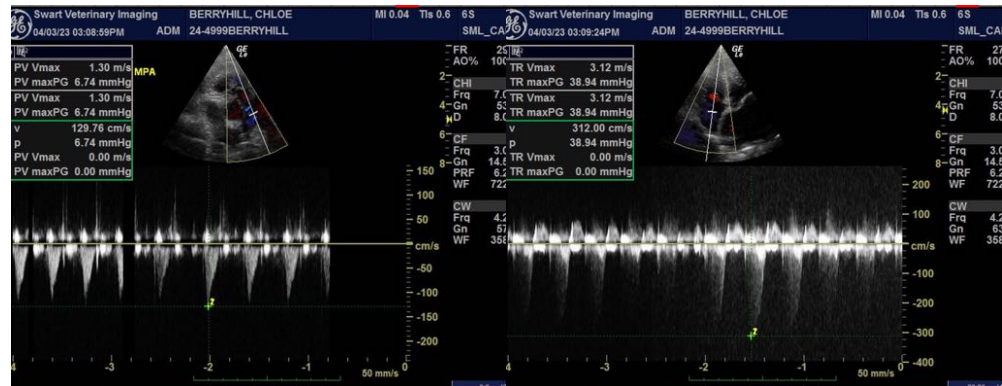
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
info@SonoPath.com