



## PATIENT PRESENTING CLINICAL SIGNS

Rocco Roberti

History: Chronic Cough - told years ago had collapsed trachea. Cough worse (goose honk) after exercise and now has episodes of collapse/falls over/struggles to get up after, never fully passes out. Rads = possible mass L upper CV med. vs other

## SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC = WBC 39.79, Neutrophils/mono, Chem all norm except ALP 16 (23-212)

## BREED

Shih Tzu

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

## SEX

Neutered Male

## AGE

11.5 Years

## WEIGHT

16.9 Pounds

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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	5.13	--	1.1	1.3	45	90	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	--	1.00	.90	--	--	1.67	--

## Cardiac Presentation

The echocardiogram in this patient demonstrated normal **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. 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.

## IMAGING PERFORMED BY

Val Shumskaya

## HOSPITAL NAME

Westwood Regional  
VH

## REFERRING VET

Dr. Hartwick

## INVOICE

21872

## DATE

4/5/23

## ULTRASONOGRAPHIC FINDINGS



**PATIENT**

- Stage B-1 valvular disease

Rocco Roberti

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

No evidence of cardiac pathology. No acoustic window to any lung densities noted in this patient. Chest CT would be recommended, given the patient history and the radiographic findings.

Canine

**ABOUT SONOPATH CT SERVICES:**

**BREED**

**SonoPath CT Services** are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>

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