



PATIENT

Stetson Brenneman

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Neutered Male

AGE

12 Years

WEIGHT

17.6

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Bill McGee, DVM,
DABVP

HOSPITAL NAME

Bridgeport AH, PLLC

REFERRING VET

Bill McGee, DVM,
DABVP

INVOICE

21880

DATE

4/5/23

PRESENTING CLINICAL SIGNS

History: Stetson was diagnosed 2-3 years ago with mitral insufficiency related heart failure and has been taking Pimobendan since. He recently moved from California to Texas and was presented yesterday to the rDVM for an increase in sluggishness. During the examination he became dyspneic, cyanotic and had an epistaxis event. Examination here today reveals an older unhappy dog with a grade 5 of 6 systolic murmur.

Abnormal PE/Chem/CBC/UA Results: grade 5 of 6 systolic murmur, aged, difficult to handle

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	--	--	1.5	1.8	48	80	0.15
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	--	--	--	--	3.67	3.27	--

Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements Chamber volumes and echogenicity were normal. 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. 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. Periodic arrhythmia was noted this patient.

ULTRASONOGRAPHIC FINDINGS



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- Stage B-2 valvular disease
- Mitral insufficiency
- Left atrial enlargement
- Periodic arrhythmia noted during the exam

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient is not on any medications, then I recommend reinitiating Pimobendan 0.3 mg/kg BID. If systolic blood pressures are over 160, then Ace-inhibitor therapy is indicated. EKG or Holter monitor is indicated, as periodic arrhythmia is noted during the exam. Holter monitor may be obtained from our office.

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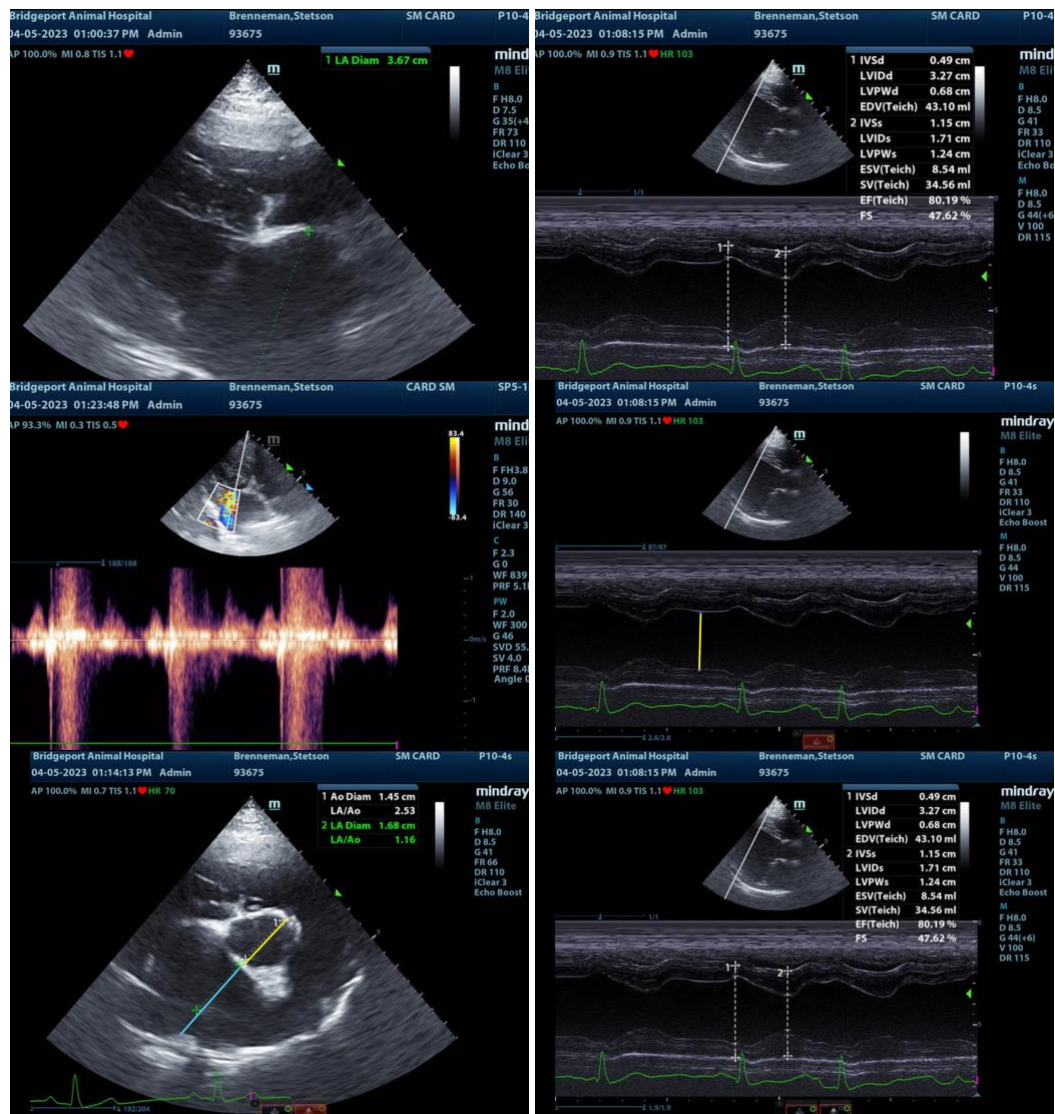
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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