



PATIENT PRESENTING CLINICAL SIGNS

Louie Vaiana

SPECIES

Canine

BREED

Maltese

SEX

Neutered male

AGE

12 years

WEIGHT

11.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. McFeely

HOSPITAL NAME

Straley VA

REFERRING VET

Dr. McFeely

INVOICE

30720

DATE

5/25/22

When Louie was in for a preventive care appointment in February, a cardiac diagnostic work-up was recommended to stage his MMVD and potentially schedule a dental procedure in future to address periodontal disease. Last week Louie presented for coughing then collapsing (His owner described his legs becoming wobbly and him falling, but not losing consciousness) and similar instances seemed to occur during periods of activity. On chest rads, VHS was 11, there was increased bronchointerstitial consolidation in perihilar area and widespread pattern throughout lung fields and some loss of cardiac waist. Louie was started on triple therapy on Friday, as owners were taking him along to go out of town over the weekend, and further diagnostics were scheduled. Yesterday, Louie had his cardiac u/s exam, 1mg butorphanol was given to lightly sedate him, and his blood pressure was normal (ranging from 109/60 (99) to 128/62 (110) mmHg systolic/diastolic (MAP).
Abnormal PE/Chem/CBC/UA Results: Normal cbc, chem/ lytes on May 20, 2022, recently neg for HW/4Dx

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The **left atrium** presented moderate to severe chronic left atrial enlargement. Slight prolapse of the anterior mitral valve leaflet was noted. 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. The hepatic veins were not dilated.

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT			2.9	2.3	45		0.1
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)		2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT			1.6	11.5 lbs	4.3	3.3	



PATIENT **ULTRASONOGRAPHIC FINDINGS**

Louie Vaiana Mitral valve insufficiency.

Stage B2 + valvular disease.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Maltese

I am concerned for emerging left-sided congestive heart failure in this patient. I recommend Pimobendan at 0.3 mg/kg b.i.d., ace inhibitor at 0.5 mg/kg s.i.d. progressing to b.i.d. and Spironolactone at 1-2 mg/kg b.i.d.

SEX

Neutered male

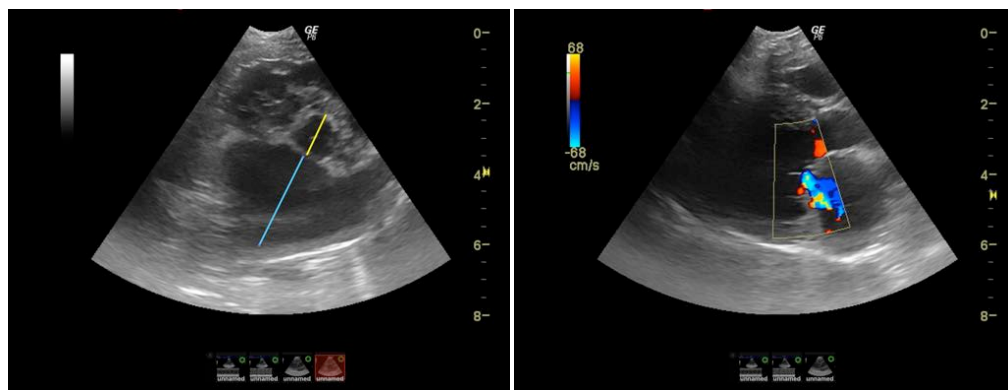
The heart has some volume overload and is working to compensate for the valvular insufficiency. Target respiratory rate is < 20 resp/minute after therapy. After initiating therapy, I recommend recheck on the clinical exam, BUN, Creatinine, USG, Chest radiographs & Blood pressure in 5-7 days. Recheck echo in 1 month. Earlier if clinical decompensation is occurring. I do not recommend anesthesia at this time until stabilization has occurred on the recommended medications. Repeat preanesthetic echo is ideal if anesthesia is eventually necessary.

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WEIGHT

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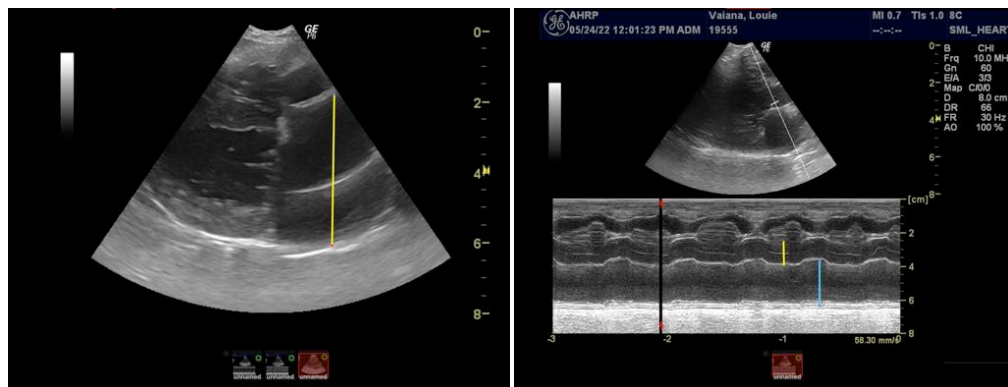


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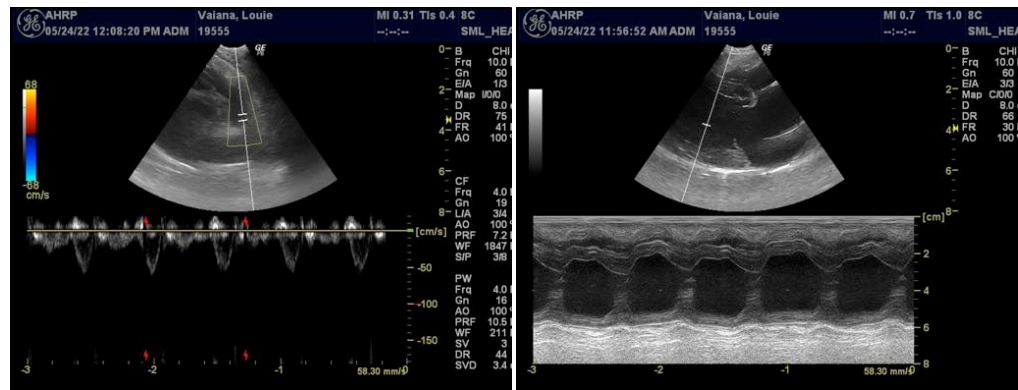
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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