



PATIENT PRESENTING CLINICAL SIGNS

Charlie Wohali

History: History of coughing, heart murmur, and possible syncopal episodes. Also pain in back and refusing to jump up. Was started on furosemide, pimobendan, carprofen, gabapentin and owner reports much more energetic since starting meds

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Pain on TL spine, grade 4/6 murmur with PMI over mitral valve. CBC 5/26 - HCT 36%, WBC 4.9, Lym 0.36 CBC 5/10 - HCT 28.5%, WBC 2.99, Neu 2.23, Lym 0.35, Plt 144

BREED ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Poodle Mix

SEX

Neutered male

AGE

9 years

WEIGHT

5.48 kg

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Stegemoller

HOSPITAL NAME

North Idaho AH

REFERRING VET

Dr. Mehra

INVOICE

30762

DATE

5/27/22

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	5.6		1.1	1.1	40	80	0.1
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)	(kg)	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			0.9	5.48	2.14	2.4	



PATIENT

Charlie Wohali

ULTRASONOGRAPHIC FINDINGS

Stage B1 valvular disease.
Normal cardiac function and volume.
Compensated mitral insufficiency.

SPECIES

Canine

BREED

Poodle Mix

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No primary cardiac disease was noted in this patient unless paroxysmal arrhythmia is an issue. Holter monitor is warranted or cough drop syndrome. Currently the patient presents B1 valvular disease. However, I cannot evaluate on what the presentation was prior to Furosemide and Pimobendan medication. Currently the presentation is compensated. Recheck echocardiogram is recommended in 3-6 months or earlier if murmur grade or clinical signs worsen.

AGE

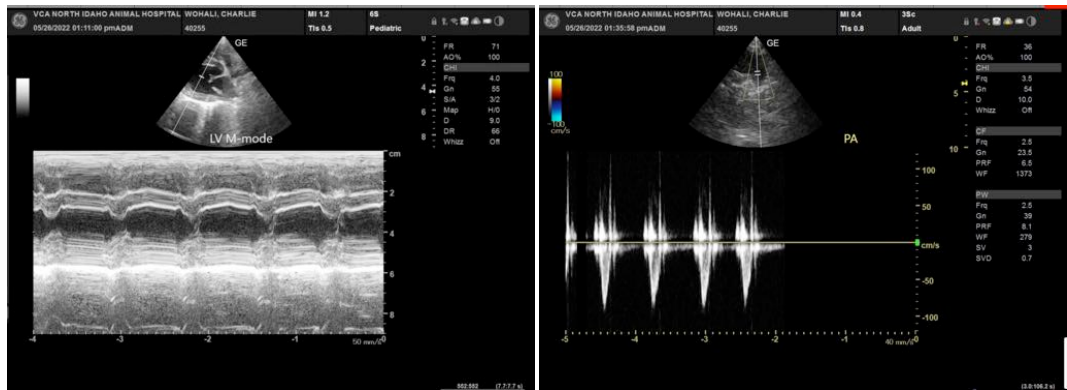
9 years

WEIGHT

5.48 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

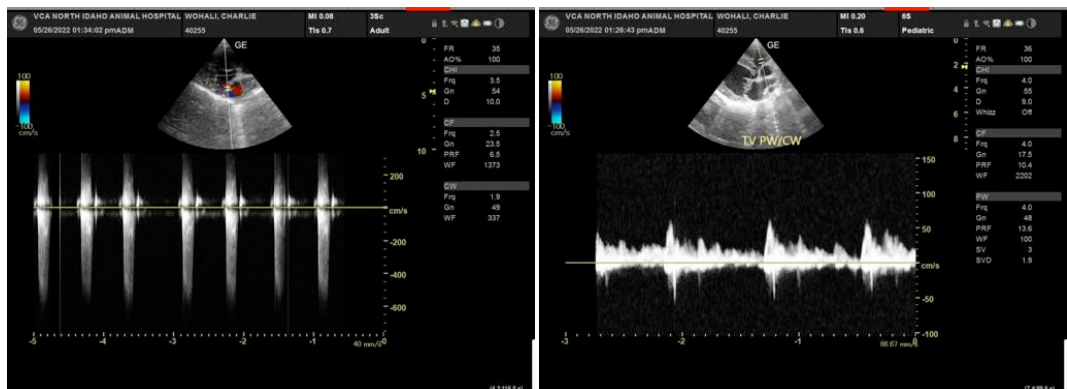


IMAGING PERFORMED BY

Dr. Stegemoller

HOSPITAL NAME

North Idaho AH



REFERRING VET

Dr. Mehra

INVOICE

30762

DATE

5/27/22



PATIENT

Charlie Wohali

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered male

AGE

9 years

WEIGHT

5.48 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Stegemoller

HOSPITAL NAME

North Idaho AH

REFERRING VET

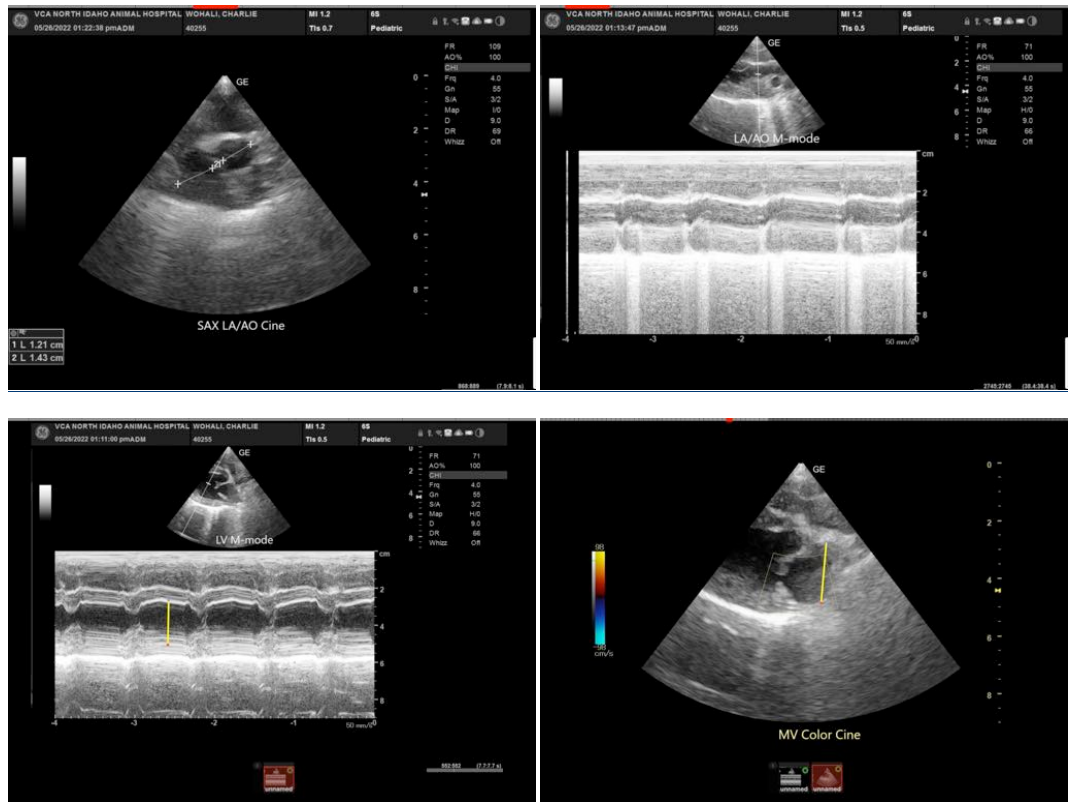
Dr. Mehra

INVOICE

30762

DATE

5/27/22



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