



## PATIENT

Korben Tomasicchio

## PRESENTING CLINICAL SIGNS

History: 4/6 HM, progressed from 3/6, previous year non cardiogenic cough, increased coughing

## SPECIES

Canine

## BREED

Chihuahua Mix

## SEX

Neutered Male

## AGE

9 Years

## WEIGHT

8.84 Pounds

## 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	5.46	--	1.56	2.0	62	92	0.11
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	168	1.35	.70	--	3.0	2.68	--

### 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. 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

Jessica Miller

## HOSPITAL NAME

Rockaway AH

## REFERRING VET

Dr. Maniar

## ULTRASONOGRAPHIC FINDINGS

- Mitral insufficiency
- Left atrial enlargement
- Stage B-2 valvular disease

## INVOICE

22371

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## DATE

5/8/23

Given the patient history, and the left atrial enlargement, the cough may be cardiogenic or possible a combination of cardiogenic mainstem bronchus impingement and primary respiratory disease. I recommend initiating Pimobendan 0.3 mg/kg BID. If systolic blood pressure is >160, then ace-inhibitor



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therapy could be considered. A low dose Lasix trial (1-2 mg/kg BID) and reassessment of the clinical signs could be considered if the radiographs suggest any evidence of pulmonary edema or mainstem bronchus impingement. Primary respiratory protocol may be necessary depending upon radiographic findings.

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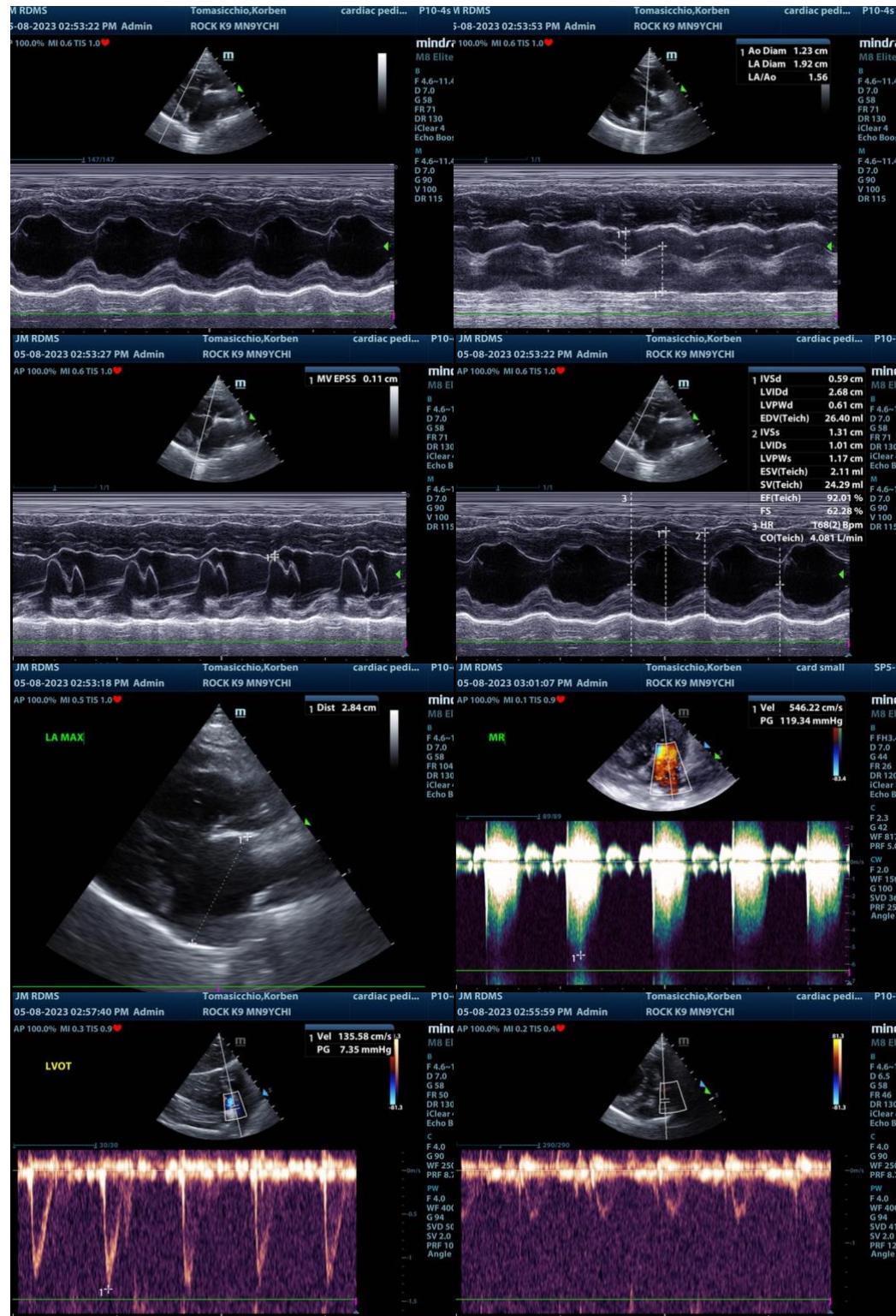
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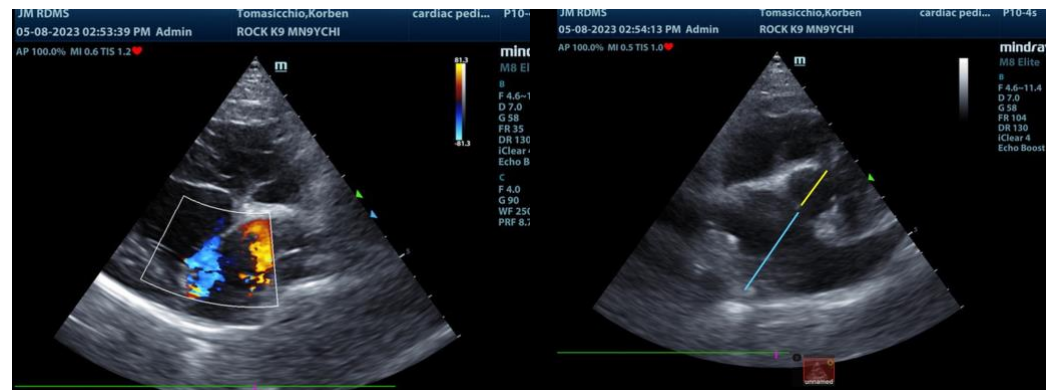
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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