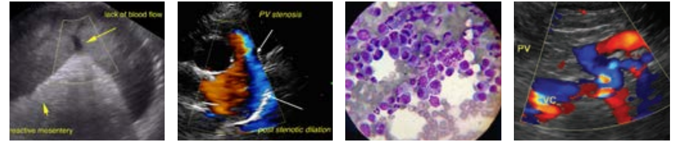

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1-800-838-4268 info@sonopath.com

PATIENT

Ramono Baranski

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

11

WEIGHT

8

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Adrianne Waffle

HOSPITAL NAME

Torch Lake VH

REFERRING VET

Dr. Jeff Powers

INVOICE

43134

DATE

6/13/23

PRESENTING CLINICAL SIGNS

Significant cardiomegaly, significant cardiomegaly worsening past 3 months RDVM concerned about CHF pericardial effusion.

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	<1.6	28-40	40-100	<0.6
PATIENT	5.3		NM	1.9	50	80	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	BELOW	BELOW	BELOW	BELOW
PATIENT	140	1.4	0.60		3.4	3.0	

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. Prolapse of the anterior mitral valve leaflet noted. 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** insufficiency noted. 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). Moderate pericardial effusion noted, not to the level of tamponade effect. This could be indictive of left atrial tear.

ULTRASONOGRAPHIC FINDINGS

- Mitral and tricuspid insufficiency with moderate to severe left atrial enlargement and pericardial effusion
- Severe mitral valve prolapse

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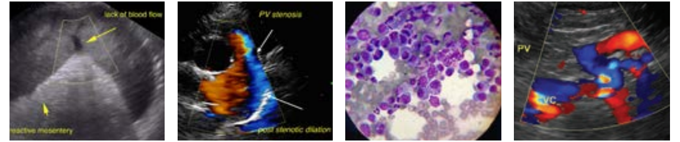

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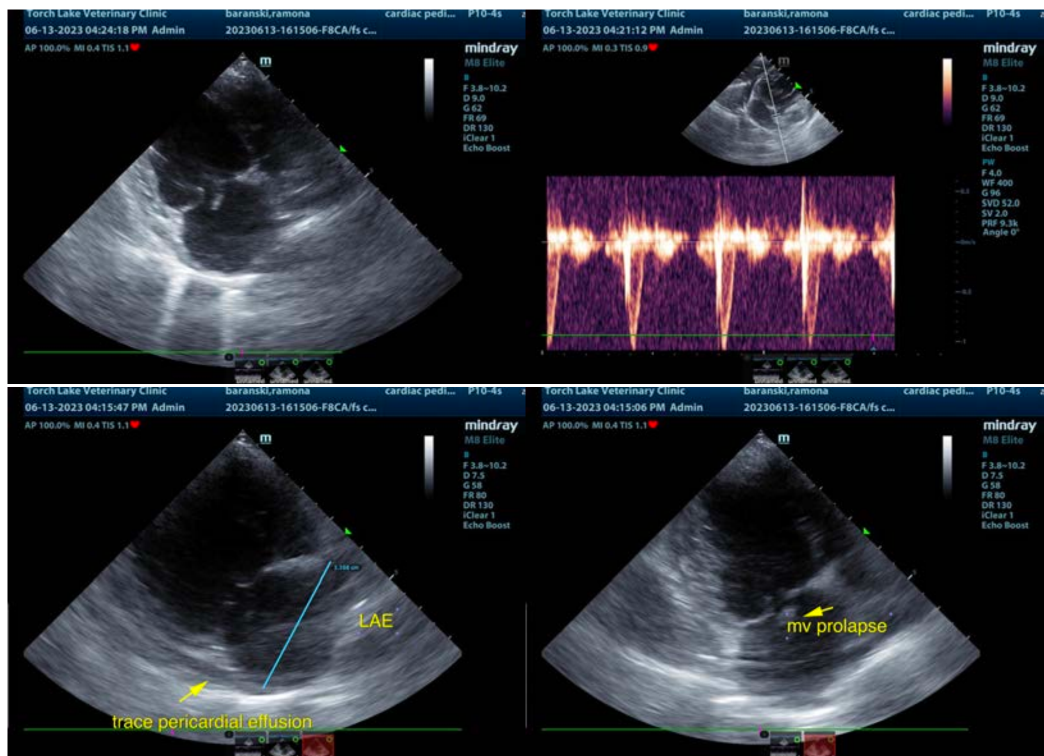
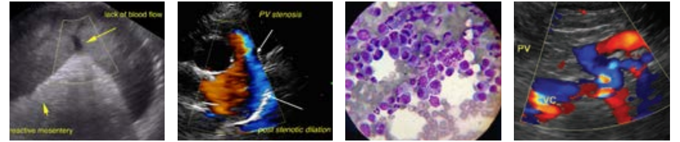
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pericardial effusion is likely owing to left atrial tear. Prognosis is extremely guarded to poor long-term. Recommend quadrotherapy in this patient with Pimobendan 0.3 mg/kg BID, Lasix 2-4 mg/kg BID, Spironolactone 1-2 mg/kg BID, and ACE inhibitor 0.5mg/kg SID progressing to BID. No evidence of masses present.

This patient is at high risk for sudden death with severe volume overload and lack of myocardial compensation. Cage rest +/- O2 therapy and limited essential leash walking is recommended. Target respiratory rate is < 20-25 resp/minute after therapy. After initiating therapy, I recommend recheck on the clinical exam, BUN, Creatinine, USG, Chest radiographs & Blood pressure daily to every 3-5 days if stabilizing. If the patient is able to be stabilized, recheck echo in 2-4 weeks depending on clinical progression or regression. This patient should NOT undergo anesthesia unless for a lifesaving event.





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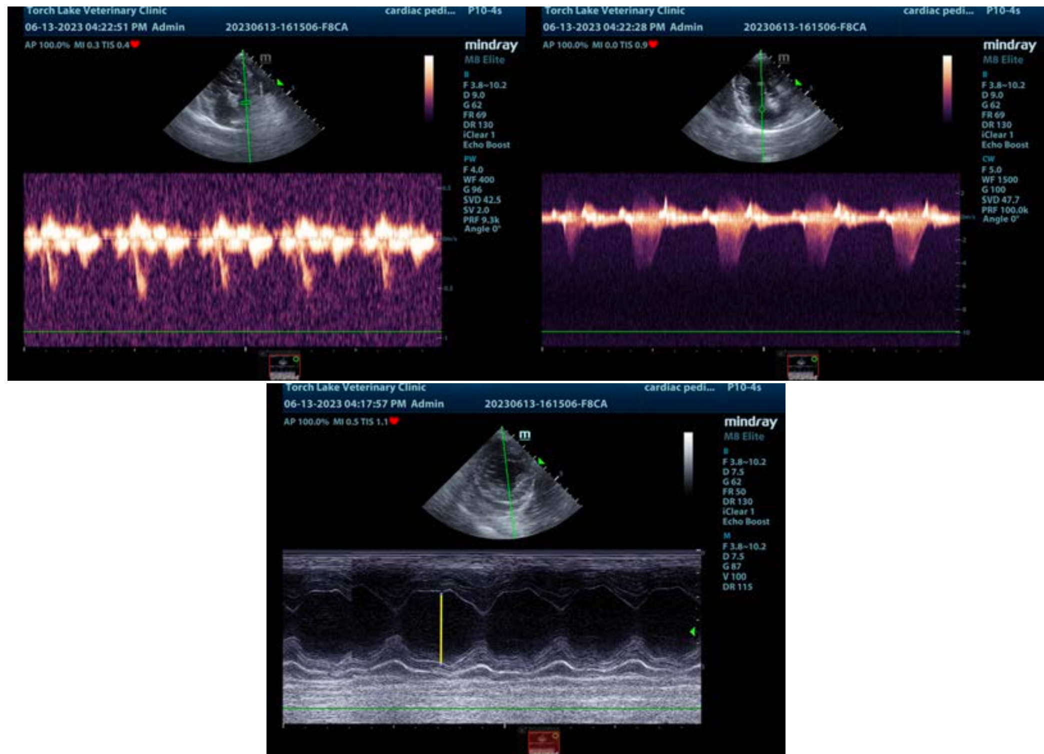

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com