



PATIENT

Hobie McDivitt

SPECIES

Canine

BREED

Poodle Schnauzer Mix

SEX

Neutered male

AGE

10 years

WEIGHT

8.62 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Stegemoller

HOSPITAL NAME

North Idaho AH

REFERRING VET

Dr. Neher

INVOICE

31072

DATE

6/16/22

PRESENTING CLINICAL SIGNS

History: Recheck echocardiogram, previous sent to Sonopath as well. Recent incident of vocalizing and breathing harder. Worsening seizures. Concerns for ruptured chordae tendineae.
Abnormal PE/Chem/CBC/UA Results: Significantly worsened heart murmur, now 5/6 in last 2 weeks. Palpable thrill. Increased expiratory effort. Thoracic radiographs show cardiomegaly. BP 135/102 (110)

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated borderline enlarged **left atrium**. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. Prolapse of the anterior mitral valve leaflet was 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** appeared adequate. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and **right ventricle** were unremarkable. Trivial **tricuspid** insufficiency was noted and measures 1.8 cm. **Pulmonary outflow** 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. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window. No evidence of passive congestion.

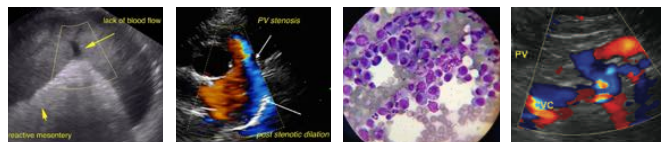
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT	5.8	-	-	1.7	35	90	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis 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	-	1.9	-	8.62	4.1	-	-

ULTRASONOGRAPHIC FINDINGS

Mitral valve prolapse, likely the cause of the clinical history.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Minor progressive stage B2 valvular disease. Medication adjustment is recommended.



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If the patient is being treated with Pimobendan then I recommend adding ace inhibitor at 0.5 mg/kg b.i.d. and adding Spironolactone at 1-2 mg/kg b.i.d. A recheck echocardiogram is recommended in 10-14 days assessing BUN, creatinine, blood pressure measurements, chest radiographs and basal respiratory rate.

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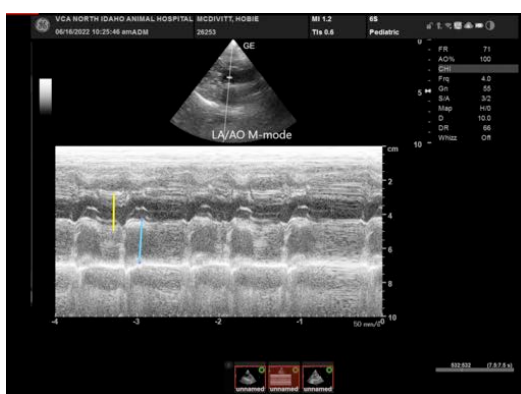
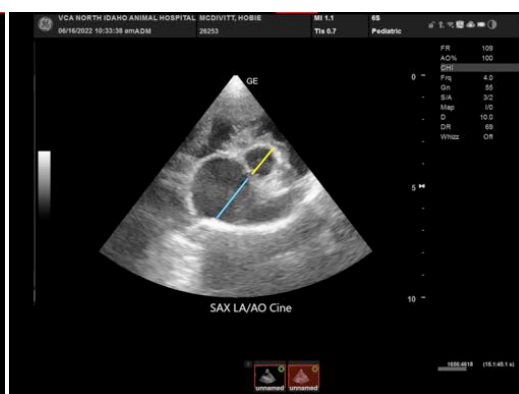
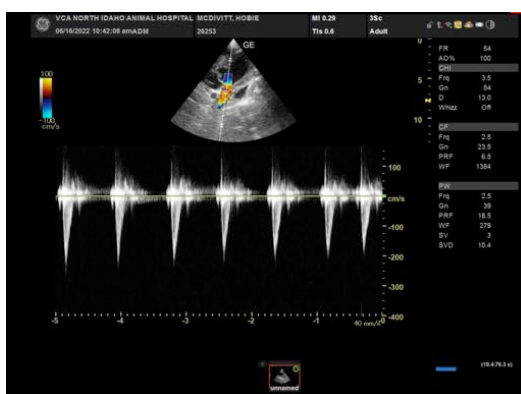
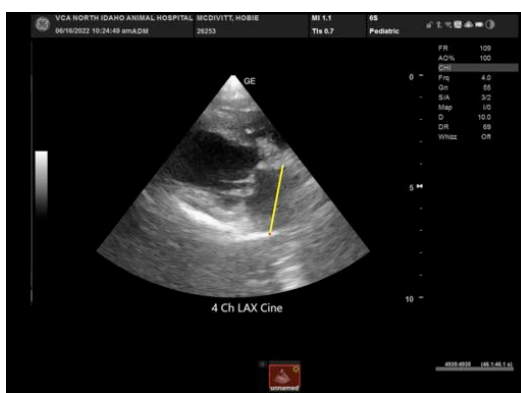
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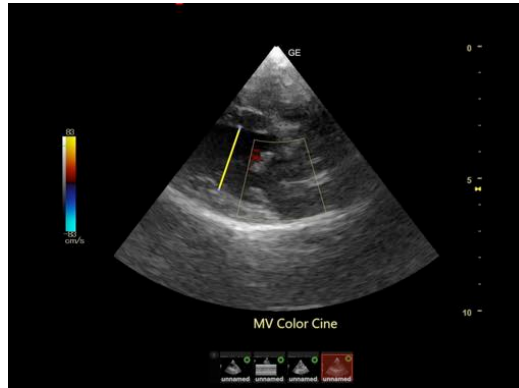
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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