



PATIENT

Hobie McDivitt

SPECIES

Canine

BREED

Miniature Schnauzer
Mix (Schnoodle)

SEX

Neutered Male

AGE

10 Years 7 Months

WEIGHT

8.45 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jolee Stegemoller,
DVM

HOSPITAL NAME

North Idaho AH

REFERRING VET

Dr. Talitha Neher, DVM

INVOICE

15854

DATE

6/2/22

PRESENTING CLINICAL SIGNS

History: This is a recheck echo based on recommendations; last performed 11/2021. Hobie has a murmur but no exercise intolerance or coughing. Taking pimobendan (owner has only been giving once daily instead of twice daily as prescribed).

Abnormal PE/Chem/CBC/UA Results: BCS 6/9, recheck labs pending today.

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	5.50	--	1.3	1.7	--	--	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				
PATIENT	--	1.80	1.10	--	3.7	--	--

Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements. Moderate filling of the left atrium noted on color flow assessment. 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** 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.

ULTRASONOGRAPHIC FINDINGS

- Stage B-2 valvular disease
- Mitral valve prolapse



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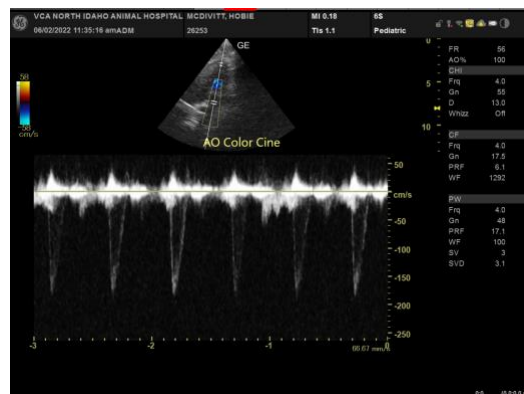
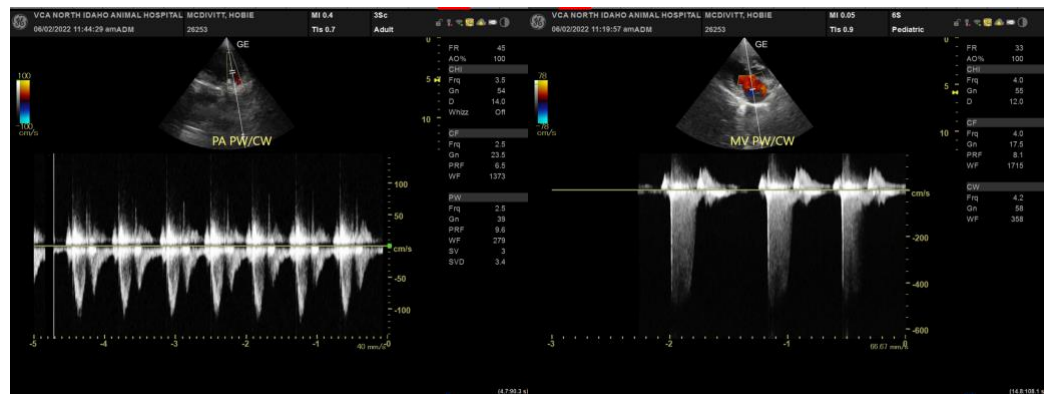
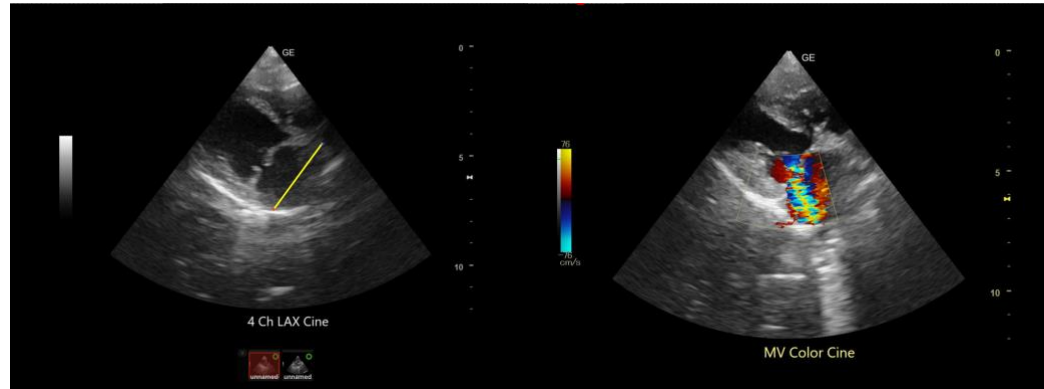
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the left atrial enlargement in this patient and mitral valve prolapse, I recommend a slightly more aggressive approach, ensuring Pimobendan is treated BID, Ace-inhibitor could be considered, along with Spironolactone at 1-2 mg/kg BID. Recheck echo in 3 months or earlier if any clinical signs initiate or murmur grade increases. The prolapse is concerning in this patient.



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.

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

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