



**PATIENT PRESENTING CLINICAL SIGNS**

Coco Glasgow History: Hx of grade IV/VI LAS murmur. No coughing, exercise intolerance noted at this time  
 Abnormal PE/Chem/CBC/UA Results: Hx of grade IV/VI LAS murmur

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

8 years

WEIGHT

8.2 lbs

INTERPRETED BY

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

Dr. Waffle

INVOICE

31094

DATE

6/20/22

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. Mitral insufficiency jet was eccentric and 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.

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
<b>CARDIAC PARAMETERS</b>	<b>VMAX</b> (m/s)	<b>VMAX</b> (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
<b>PATIENT</b>	-	-	1.0	1.3	50		NM
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
<b>CARDIAC PARAMETERS</b>	(BPM)	<b>VMAX</b> (m/s)	<b>MAX</b> (m/s)		2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>		1.0	1.0	8.2 lbs	NM	2.1	

**ULTRASONOGRAPHIC FINDINGS**

Stable stage B1 valvular disease.



**PATIENT**

Coco Glasgow

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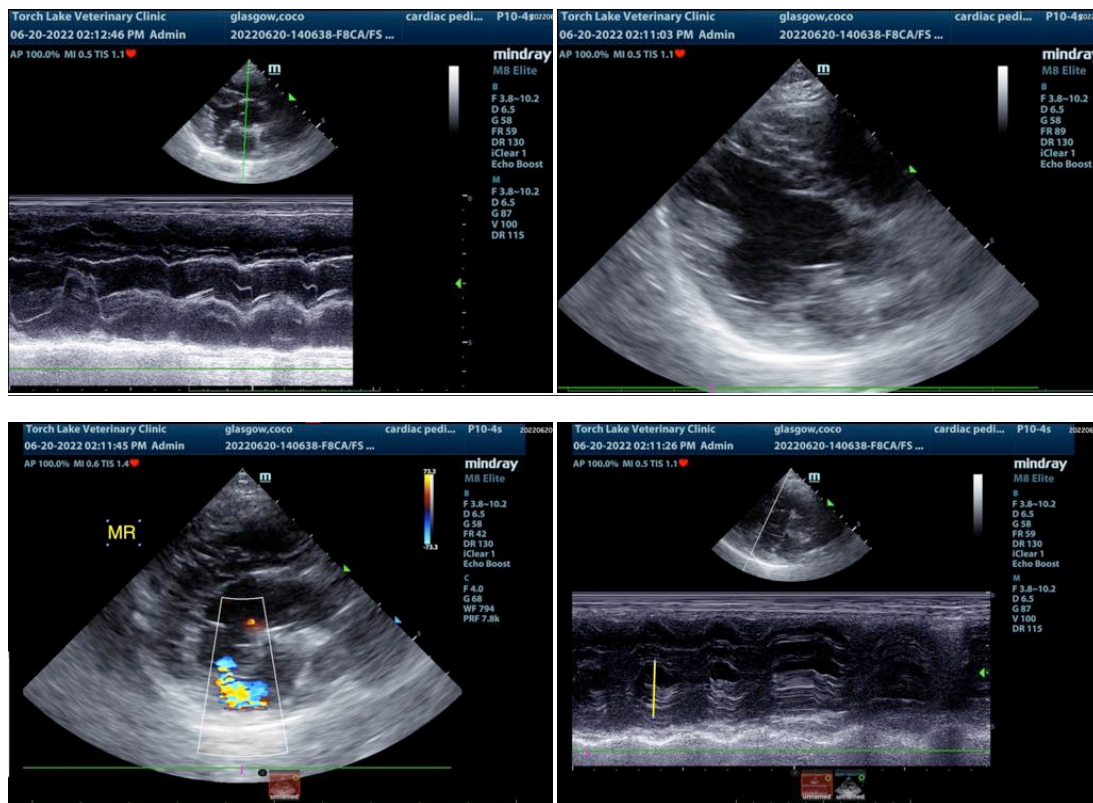
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no cause of cardiac disease that would be responsible for the clinical signs. Blood pressure measurements and assessment for orthopedic pain or abdominal pathology would all be indicated regarding the exercise intolerance.



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.

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