



## PATIENT

Chica Funderburg

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

7 Pounds

## PRESENTING CLINICAL SIGNS

History: Non clinical heart disease. Heart murmur Dental disease

Abnormal PE/Chem/CBC/UA Results: Hr 122 76 Blood Pressure Measurements None Current Medications None

## 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	5.80	--	3.0	2.23	57	88	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	122-150	1.50	.80	--	3.35	2.85	--

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Sara Hansen

## HOSPITAL NAME

Countryside VS

## REFERRING VET

Dr. Eichmann

## DATE

7/12/22

## Invoice

16647

## 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. B-lines were noted in the peripheral lung fields indicative of early pulmonary edema.



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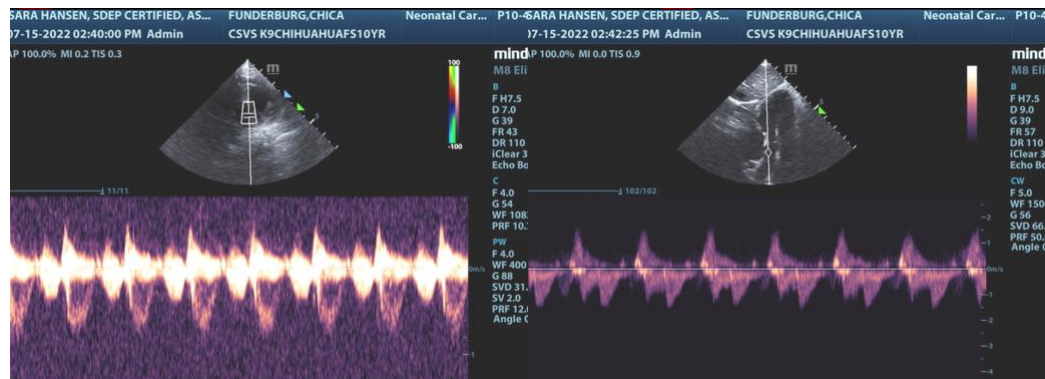
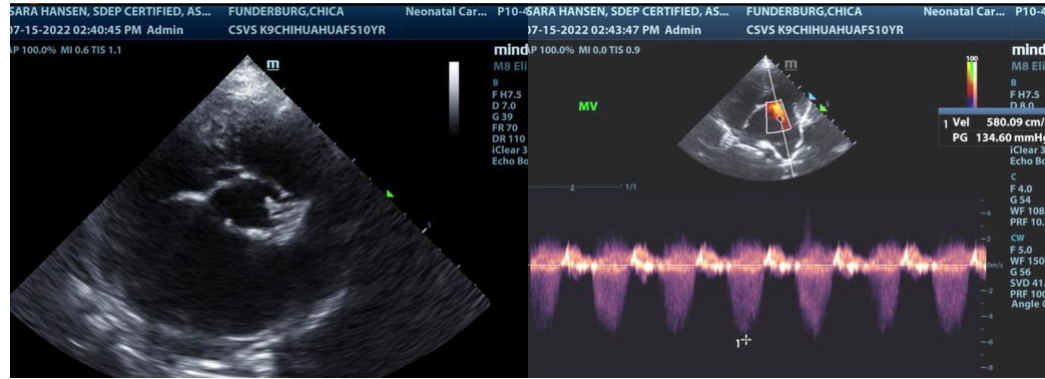
7 Pounds

**ULTRASONOGRAPHIC FINDINGS**

- Advanced stage C-1 valvular disease

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Even though this patient is not reported to have any clinical signs, I do believe that the clinical signs must be present given the severe volume overload. Quadra therapy is necessary; Pimobendan at 0.3 mg/kg BID, Lasix at 1-2 mg/kg BID, Ace-Inhibitor at 0.5 mg/kg SID, progressing to BID and Spironolactone at 1-2 mg/kg BID. I recommend reassessment of sleeping respiratory rate in this patient, target of <25 p/m. Even though the patient is not reported to have any clinical signs, the heart disease is severe. Recheck echo in 2 weeks. BUN, creatinine, sleeping respiratory rate and chest radiographs are all indicated in one week. Anesthesia is definitely not indicated at this time.



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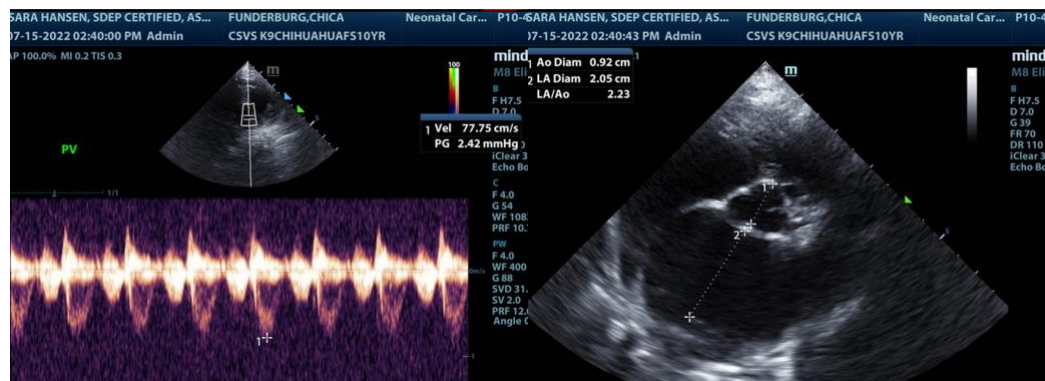
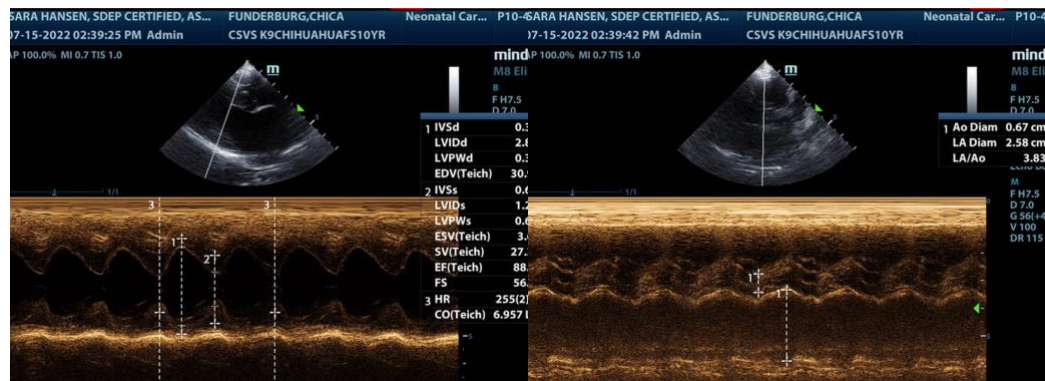
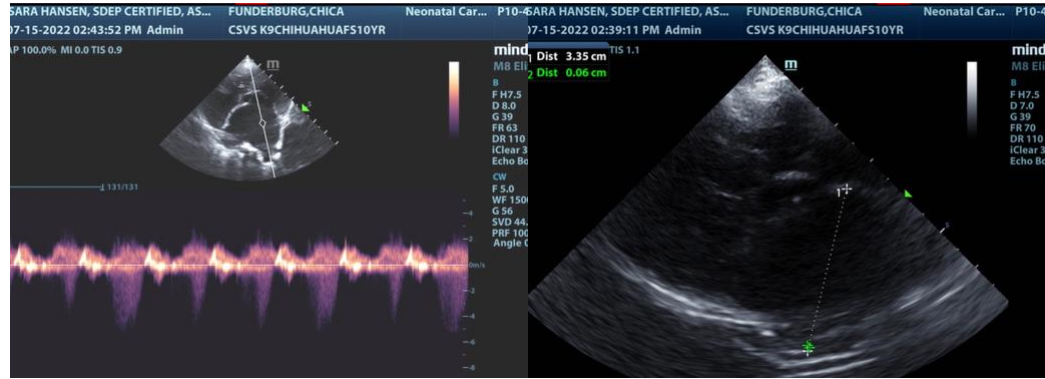
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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Eric.Lindquist@SonoPath.com

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