



PATIENT PRESENTING CLINICAL SIGNS

Little Bear Hewitt

History: History: C1 valvular dz, CHF, recent presentation to ER for probable syncopal events
 Abnormal PE/Chem/CBC/UA Results: Abnormal laboratory findings: hx of elevated ALP; recheck CBC/chem/UA/lytes sent out to reference laboratory Other diagnostics available (ie. Blood pressure, radiographs, etc): recheck chest rads sent for Sonopath interpretation avg BP 118/83 MAP 91 HR 146
 Abnormal physical exam findings: 5/6 murmur PMI region mitral valve but audible throughout, increased lung sounds esp dorsally, poss slight abd distension Primary reason for ultrasound referral: Monitor progression of cardiac dz/function with view to adjust medication

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed female

AGE

10 years

WEIGHT

8.15 kg

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Stegemoller

HOSPITAL NAME

North Idaho AH

REFERRING VET

Dr. Stegemoller

INVOICE

31882

DATE

7/21/22

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated enlarged **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. Moderate filling of the left atrium was noted. 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. The hepatic veins are not dilated.

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	5.5		2.0	2.0			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			1.0	8.15	4.14		



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ULTRASONOGRAPHIC FINDINGS

Advanced stage B2 valvular disease with chronic left atrial enlargement.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include triple therapy given the patient's history with Pimobendan, Lasix, ace inhibitor +/- Spironolactone at 1-2 mg/kg b.i.d. Recheck echocardiogram is recommended in a month if the patient is stable.

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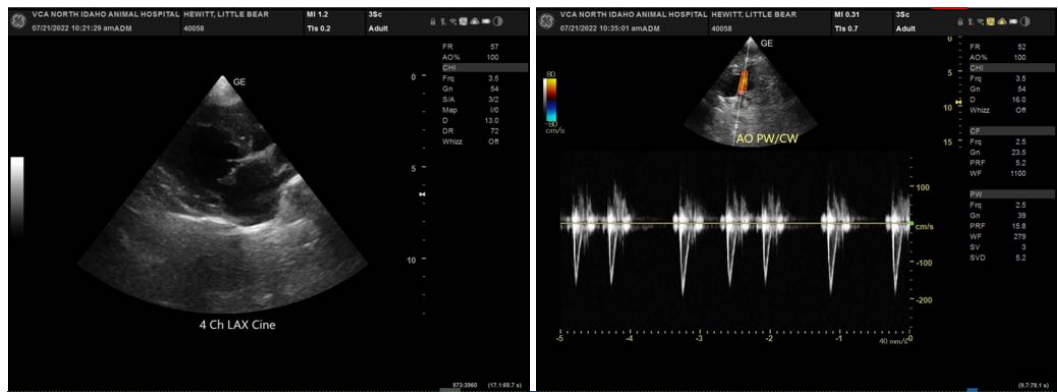
Spayed female

AGE

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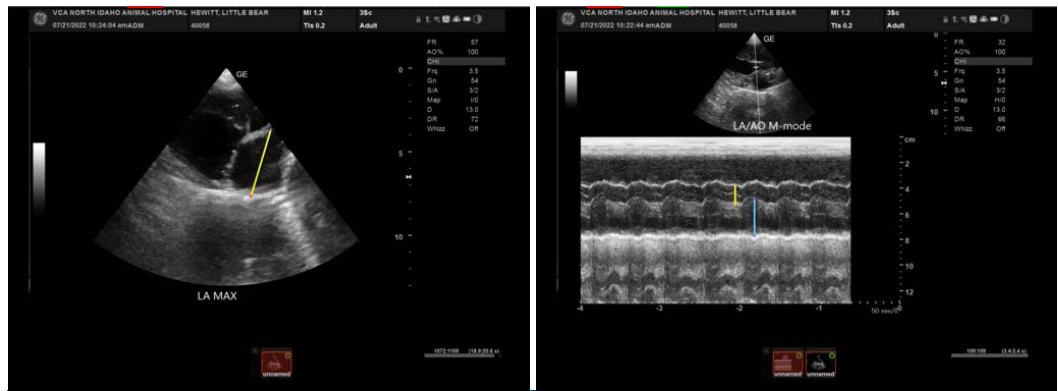
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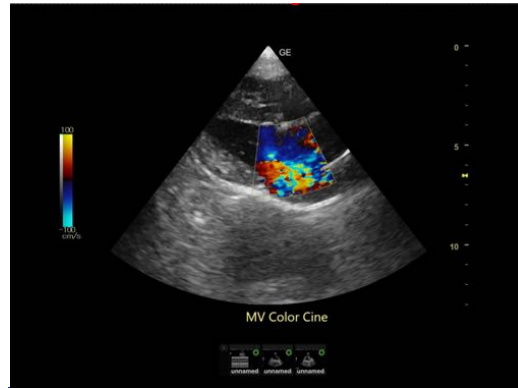
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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