


PATIENT

Desi Hennighan

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

9 Years

WEIGHT

12.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Byram Animal Hospital

REFERRING VET

Dr. Carlos Abdul-Chani

INVOICE

23563

DATE

7/21/23

PRESENTING CLINICAL SIGNS

Recheck echo from 2/2021. Grade III-IV/VI systolic parasternal heart murmur. No clinical signs. No current meds.

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	Up to 1.6	28-40	40-100	<0.6
PATIENT	5.06	--	1.5	1.6	39	71	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	BELOW	BELOW	BELOW	BELOW
PATIENT	109	1.37	1.04	--	3.5	2.65	--

Cardiac Presentation

The cardiac presentation presented moderate volume overload in the left atrium with mitral and tricuspid insufficiency. Right atrium was slightly enlarged. No pericardial or pleural effusion was noted. The left ventricular internal diameter was mildly excessive. Contractility was adequate. This change is consistent with early-stage B-2 valvular disease. Pericardial or pleural spaces and hepatic veins were unremarkable.

ULTRASONOGRAPHIC FINDINGS

- Mitral insufficiency and mild left atrial enlargement
- Stage B-2 valvular disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pimobendan is indicated (0.3 mg/kg BID). Blood pressure measurements are warranted. If systolic pressure is >160, then ace-inhibitor therapy should be considered +/- spironolactone.

The heart is in a somewhat precarious state with volume overload and a heart that is working to compensate for the valvular insufficiency. Target respiratory rate is < 20 resp/minute after therapy. After initiating therapy, I recommend recheck on the clinical exam, BUN, Creatinine, USG, Chest radiographs & Blood pressure in 5-7 days. Recheck echo in 1 month. Earlier if clinical decompensation



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is occurring. I do not recommend anesthesia at this time until stabilization has occurred on the recommended medications. Repeat preanesthetic echo is ideal if anesthesia is eventually necessary.

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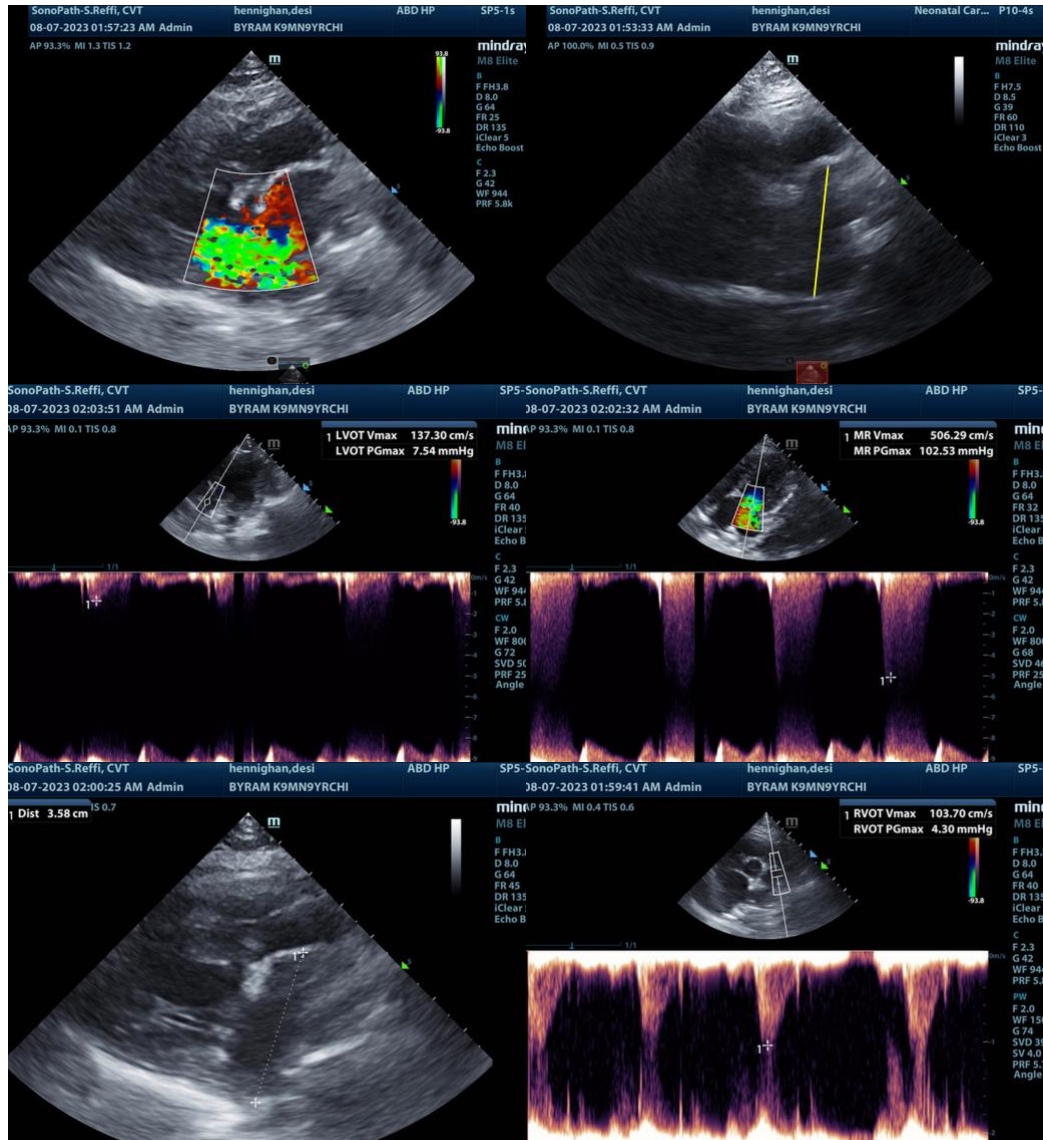
Dr. Carlos Abdul-Chani

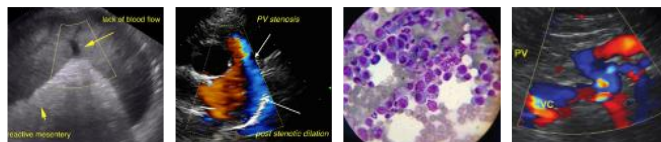
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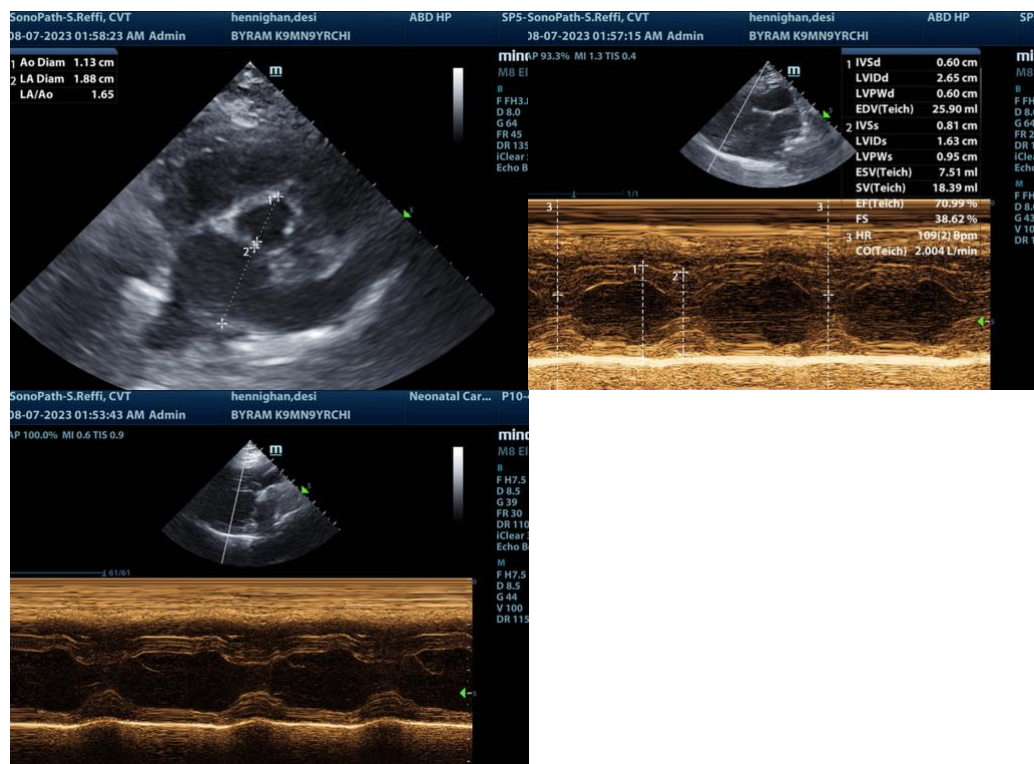
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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