



PATIENT

Romeo Capeda

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

MN

AGE

8yr

PRESENTING CLINICAL SIGNS

Presented for dental cleaning and extractions today. Pet has a grade 4/6 left sided systolic murmur. History of coughing. Pre-op chest radiographs were submitted for radiologist report as below: The left atrium is mildly enlarged, characterized by dorsal deviation of the trachea. On the ventral dorsal projection, there is moderate enlargement in the region of the main pulmonary artery. There is no evidence of pulmonary lobar arterial distention. The pulmonary lobar vasculature and great vessels are normal. A mild, diffuse bronchial pattern is present, characterized by a prominent bronchial wall. There is dynamic narrowing of the principal bronchi between lateral projections. There is a fusiform soft-tissue band superimposed with the dorsal margin of the trachea, consistent with a redundant dorsal tracheal membrane or superimposition of the esophagus. The pleural space is normal. The included osseous structures are normal. The visible portions of the abdomen are normal. **CONCLUSIONS AND RECOMMENDATIONS:** 1. Mild left sided cardiomegaly. This is most likely secondary to myxomatous mitral valve disease. There is no evidence of cardiac decompensation. 2. Dynamic principal bronchial attenuation. This may be due to chondromalacia but compression from the enlarged left atrium is also considered. 3. Inflammatory lower airway disease prioritized for the mild bronchial pattern. The subjective main pulmonary arterial distention may be artifactual but prior dirofilariasis or pulmonary hypertension cannot be excluded and should be correlated with clinical signs. Consultation with a cardiologist and echocardiography may be beneficial to further evaluate cardiac function. Heartworm testing may also be beneficial.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

WEIGHT

7.63kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Megan Odgers

HOSPITAL NAME

Pennsauken Animal
Hospital and Urgent
Care

REFERRING VET

Katie Dorph

INVOICE

14302ag

DATE

07/07/2023

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			1.2	1.6	53	85	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		1.0	0.72		2.5	2.92	

Cardiac Presentation

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. 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



PATIENT

Romeo Capeda

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Stage B1 valvular disease

BREED

Shih Tzu Mix

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflurane maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target white coat negative systolic pressure of < 160 mmHg. If higher than this ACE-inhibitor is suggested to reach this level. Recheck echocardiogram is recommended in 6 months, earlier if murmur grade increases or clinical signs initiate.

MN

AGE

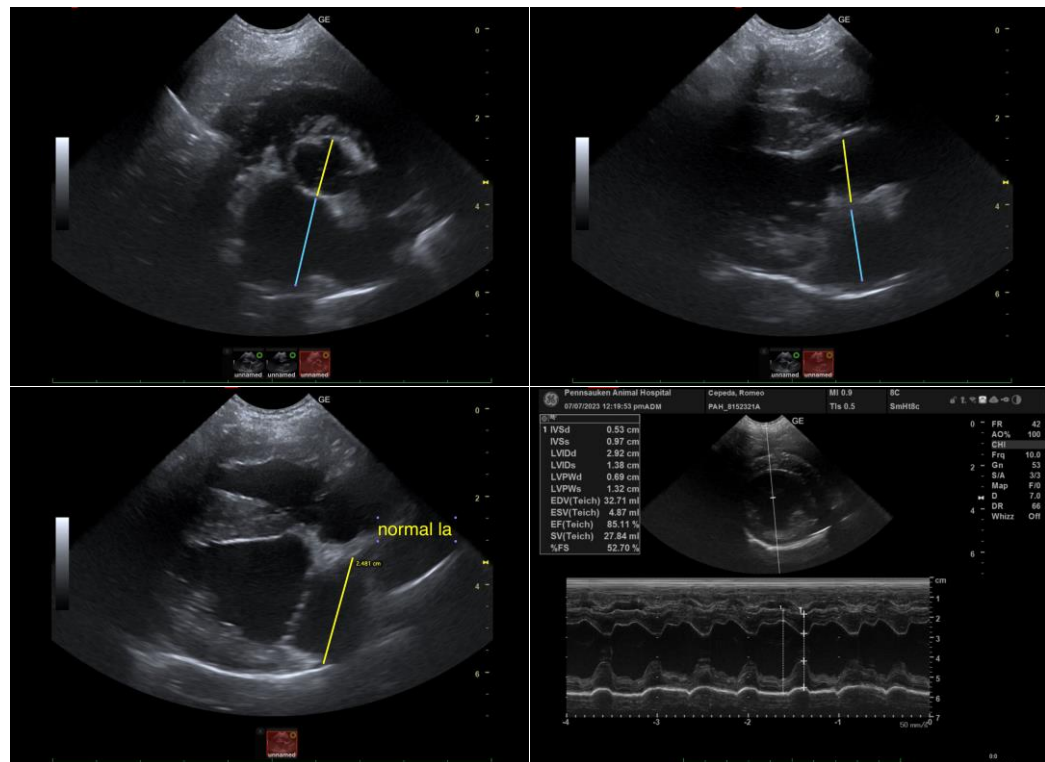
8yr

WEIGHT

7.63kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS



IMAGING PERFORMED BY

Megan Odgers

HOSPITAL NAME

Pennsauken Animal
Hospital and Urgent
Care

REFERRING VET

Katie Dorph

INVOICE

14302ag

DATE

07/07/2023



PATIENT

Romeo Capeda

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

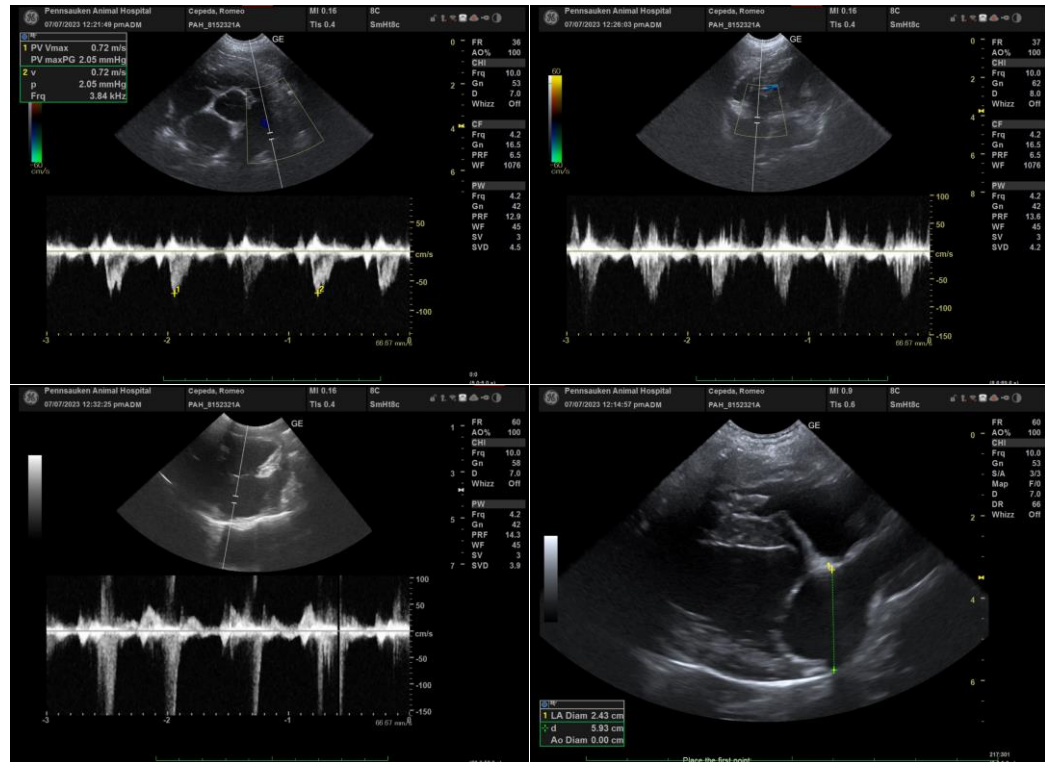
MN

AGE

8yr

WEIGHT

7.63kg



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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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
Eric.Lindquist@SonoPath.com

IMAGING PERFORMED BY

Megan Odgers

HOSPITAL NAME

Pennsauken Animal
Hospital and Urgent
Care

REFERRING VET

Katie Dorph

INVOICE

14302ag

DATE

07/07/2023