



**PATIENT PRESENTING CLINICAL SIGNS**

**Torro Chong** Patient presents for echo due to severe bronchointerstitial lung pattern, enlarged right side of heart and dorsal deviation of trachea on radiographs. In O2 therapy, on IVFs, on Lasix IV, aminophylline, and torb. PRN.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: BUN 40, creat. 1.6.

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**BREED**

Maltese

**SEX**

Neutered Male

**AGE**

18 Years

**WEIGHT**

11.84 Pounds

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	6.0	2.0	1.6	1.8	43	76	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	95	1.1	0.64		4.06	2.88	

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Westwood Regional

**REFERRING VET**

Dr. Silver

**INVOICE**

39320

**DATE**

7/8/22

**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. Prolapse of the anterior mitral valve leaflet noted. 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. **Aortic** insufficiency noted. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** insufficiency noted. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** insufficiency noted. 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.

**PRIMARY FINDINGS**

- Mitral valve prolapse
- Advanced Stage B2 valvular disease with moderate volume overload left atrium and left ventricle
- Concurrent tricuspid insufficiency
- Concurrent pulmonic and aortic insufficiency



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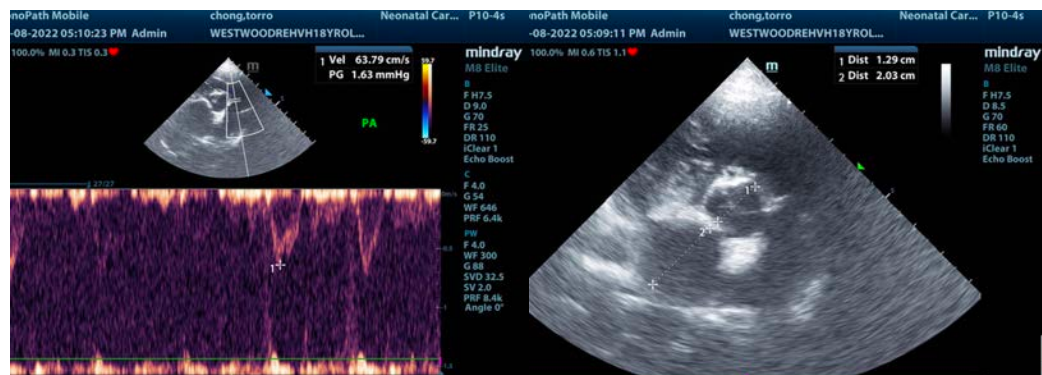
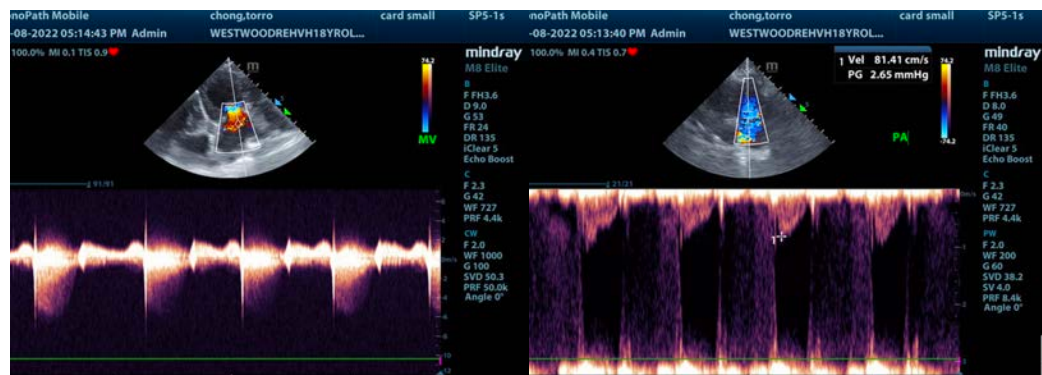
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There are likely both cardiac and respiratory components in this patient. Recommend Pimobendan at 0.3 mg/kg BID, judicious use of ACE inhibitors with Benazepril at 0.5 mg/kg BID. Low dose Lasix could be considered. However, the azotemia should be monitored carefully, as well as hydration status. Low dose Spironolactone at 1-2 mg/kg BID could also be considered with the same precautions. Prognosis is guarded.



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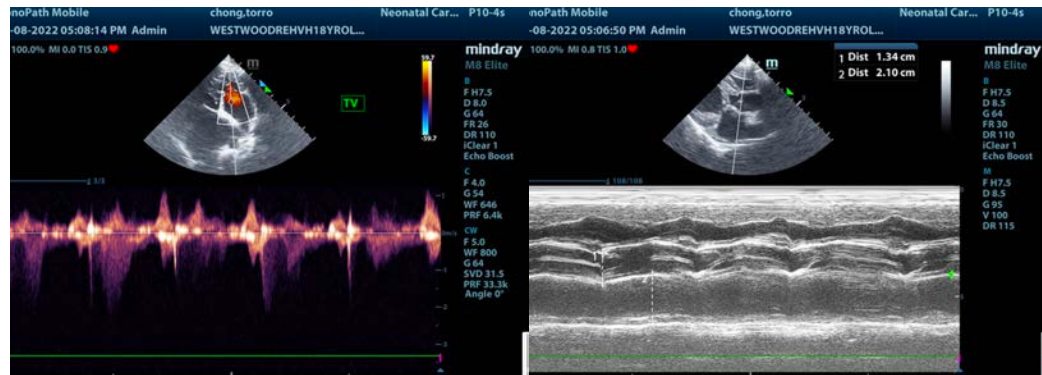
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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