



PATIENT PRESENTING CLINICAL SIGNS

Sassy Cowell History: grade 4/6 murmur. On Pimobendan and furosemide

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

11 Years

WEIGHT

14 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	5.80	3.71	1.8	2.0	49	82	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	123	1.50	--	--	2.9	3.13	--

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 atrial** enlargement was slightly evident as well. No evidence of masses was noted or chamber overload. **Tricuspid** insufficiency was noted, moderate, indicative of mild to moderate pulmonary hypertension. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. 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 were not dilated.

ULTRASONOGRAPHIC FINDINGS

- Stage B-2 valvular disease with concurrent moderate tricuspid insufficiency
- Right atrial enlargement was slightly evident as well.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the patient is already on Pimobendan and Furosemide, I recommend adding Ace-inhibitor

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Warren AH

REFERRING VET

Dr. Nicole

INVOICE

23902

DATE

8/11/23



PATIENT

Sassy Cowell

(1/2 mg/kg SID, progressing to BID). Eventual use of Spironolactone could be considered if the patient is decompensating further. This is a B-2+ presentation. Assessment of radiographs for main stem bronchus impingement or early pulmonary edema is warranted. Blood pressure measurements are warranted. Recheck echo in 6 months or earlier if clinical signs initiate.

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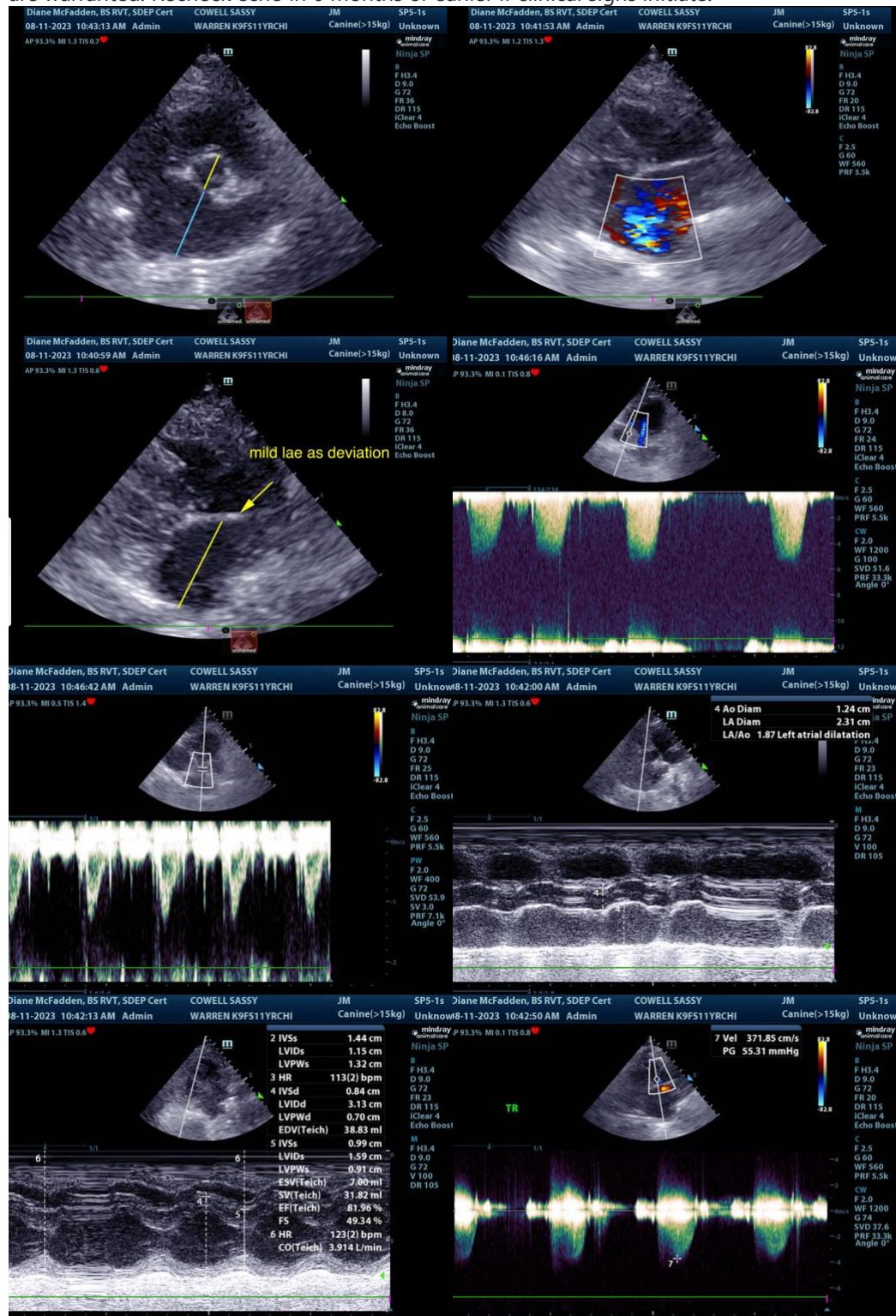
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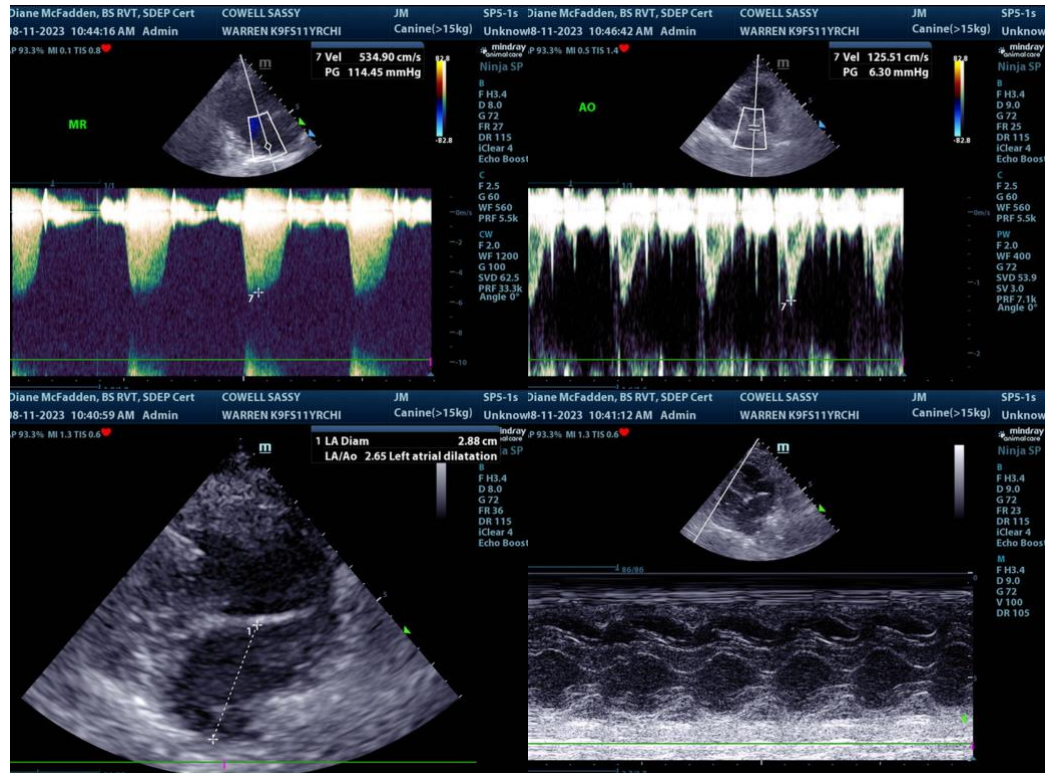
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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