



PATIENT PRESENTING CLINICAL SIGNS

Pedro Barrier Recent increase in cough. Thoracic radiographs obtained 1 week ago showed progressive cardiomegaly, no overt evidence of pulmonary edema.. Pimobendan increased from 3.75 mg qd to 5 mg qd (2.5 mg BID).

SPECIES Abnormal PE/Chem/CBC/UA Results: 5/6 systolic murmur. Blood pressure obtained today was 131/73 MAP=92

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Chihuahua X

SEX

Neutered Male

AGE

12 Years 7 Months

WEIGHT

17.4

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	2.2	44	75	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				
PATIENT					4.9	4.39	

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit

REFERRING VET

Dr. Sarah Green

INVOICE

24697

DATE

8/14/21

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. Severe prolapse of the anterior mitral valve leaflet noted. The patient likely rupture chordae tendineae. 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.

ULTRASONOGRAPHIC FINDINGS

- Advanced Stage B2 to early C1 valvular disease



PATIENT

Pedro Barrier

SPECIES

Canine

BREED

Chihuahua X

SEX

Neutered Male

AGE

12 Years 7 Months

WEIGHT

17.4

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit

REFERRING VET

Dr. Sarah Green

INVOICE

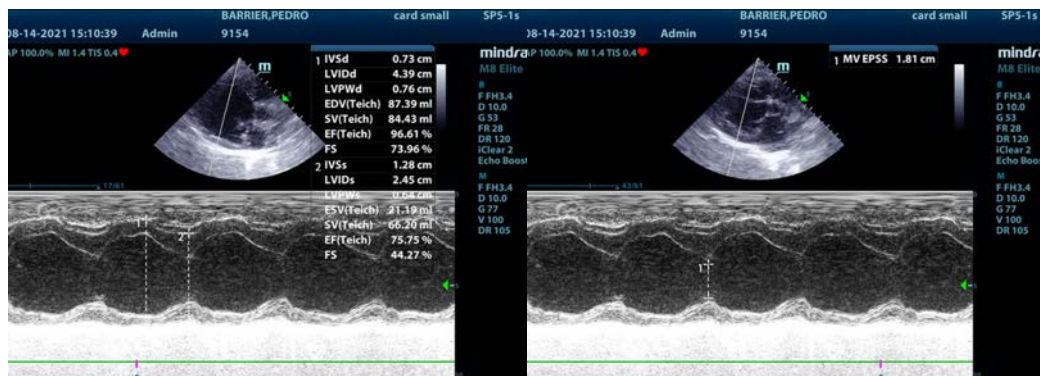
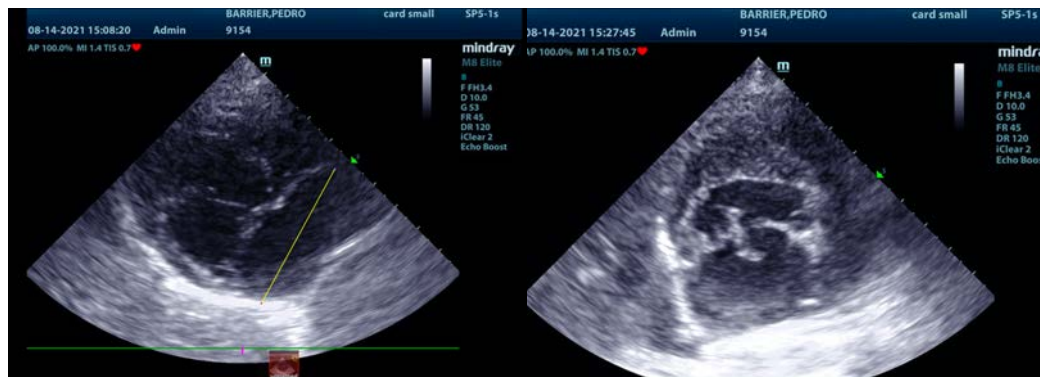
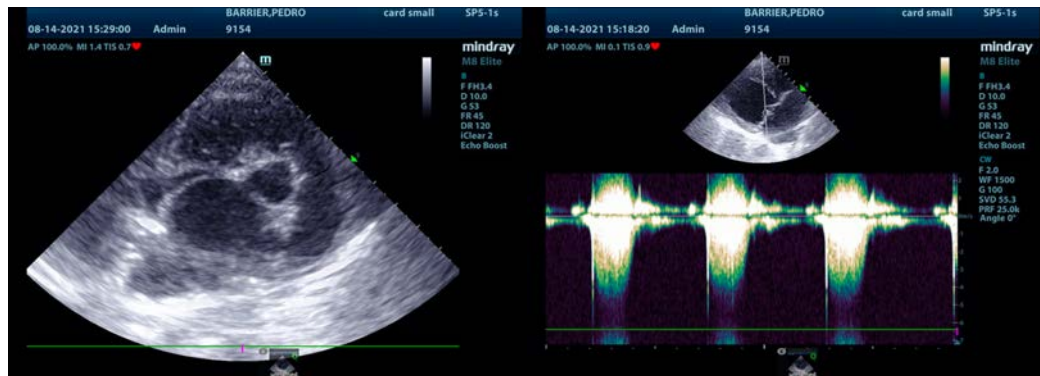
24697

DATE

8/14/21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend continuing Pimobendan at 0.3 mg/kg BID, adding Lasix at 2-3 mg/kg BID, ACE inhibitor 0.5 mg/kg SID progressing to BID, and recheck echo in 3-4 weeks. Cough suppressant such as Hycodan or similar would be appropriate. Guarded long-term prognosis.





PATIENT

Pedro Barrier

SPECIES

Canine

BREED

Chihuahua X

SEX

Neutered Male

AGE

12 Years 7 Months

WEIGHT

17.4

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit

REFERRING VET

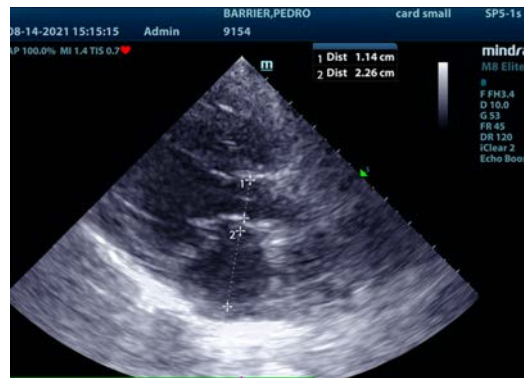
Dr. Sarah Green

INVOICE

24697

DATE

8/14/21



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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com