



PATIENT PRESENTING CLINICAL SIGNS

Sammi Myers

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed female

AGE

12 years

WEIGHT

5.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. McFeely

HOSPITAL NAME

Straley VA

REFERRING VET

Dr. McFeely

INVOICE

32525

DATE

8/24/22

History: Sammi presented in March 2022 for weight loss and polydipsia, found mild azotemia and ausculted 5/6 intensity cardiac murmur. In July presented for hindlimb related mobility concerns, started on gabapentin and 1 course of meloxicam. Early August presented for recheck, found IVDD (collapsed T12-T13 and narrowed T11-T12) and suspected left atrial enlargement on survey radiograph, then returned yesterday for cardiac diagnostic work-up. Sammi still has a 5/6 intensity cardiac murmur, and ongoing mild weight loss/ muscle atrophy. She was given 0.5 mg butorphanol IV, followed by total of 9.2 mg alfaxalone IV for sedation. Her BP was normal, ranging from 97/44 (56) to 136/115 (126)mmHg syst/diast (MAP).
Abnormal PE/Chem/CBC/UA Results: Mild stress leukogram and mildly increased BUN, normal Creat, high normal SDMA in 3/22. UA 8/23 showed sp gr of 1.024 rest unremarkable with inactive sediment.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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. There was slight prolapse to the anterior mitral valve leaflet. 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 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.

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			1.1	1.2	50		0.1
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)		2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	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		1.0	0.6	5.8 lbs	2.36 max	1.5	



PATIENT

Sammi Myers

ULTRASONOGRAPHIC FINDINGS

Stage B1 valvular disease, compensated.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

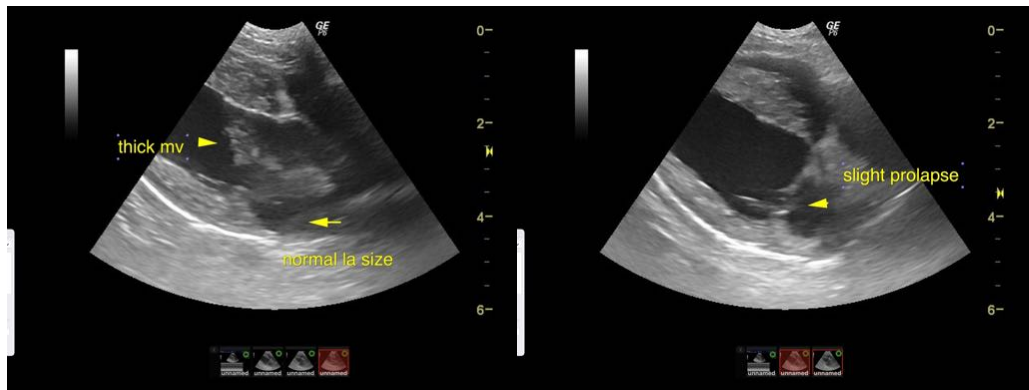
The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflor maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target white 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.

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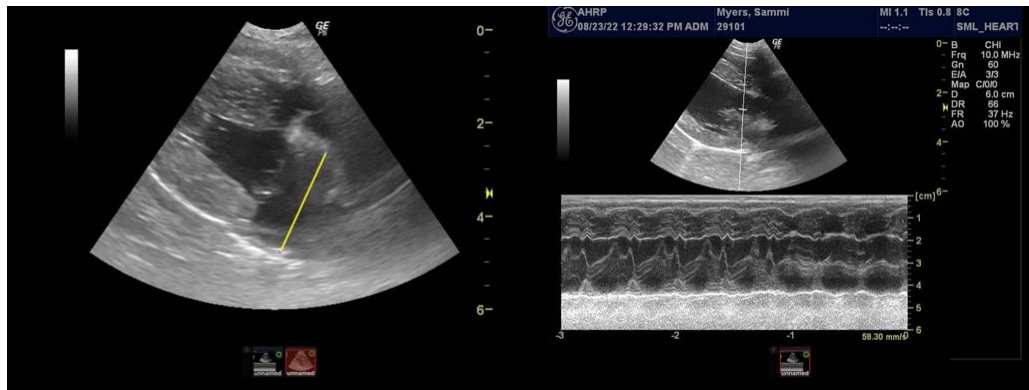
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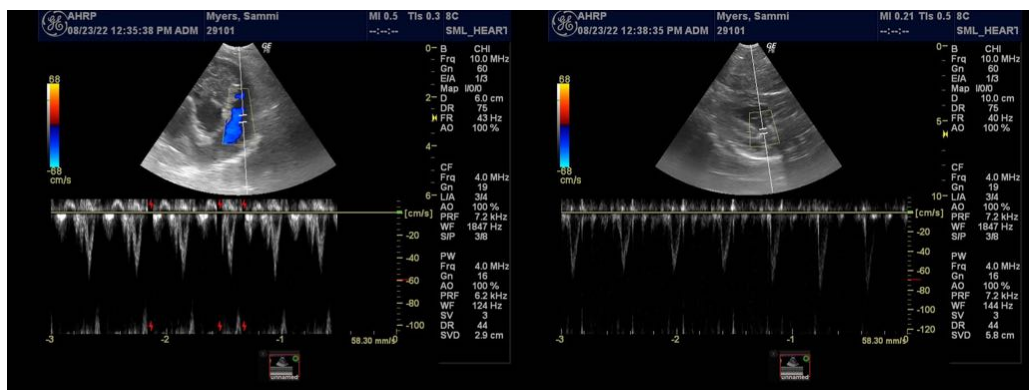
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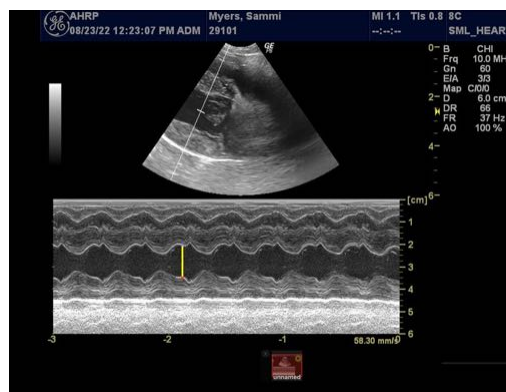
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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