



## PATIENT PRESENTING CLINICAL SIGNS

Kona Mann  
Clinical Exam Findings: heart murmur 5/6, exercise intolerance, coughing w/o excursion, pale pink mm  
Heart Rate and Respiratory Rates 150bpm, 30rr Blood Pressure Measurements 246/208 Current  
Medications Furosemide 12.5mg BID, Spironolactone 25mg BID

## SPECIES

Canine

Lateral Radiograph: Generalized cardiomegaly

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

## BREED

Boston Terrier

## SEX

Neutered Male

## AGE

10 Years

## WEIGHT

22 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			NM	2.65	30	57	0.18
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	162	1.41	0.6		5.1	4.2	

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP, Cert. IVUS

## IMAGING PERFORMED BY

Jenna Walsh

## HOSPITAL NAME

Countryside AC

## REFERRING VET

Dr. Cox

## DATE

8/27/21

## INVOICE

25040

### 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. 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** insufficiency noted as well. 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). Trace pericardial effusion noted. The cranial **mediastinum and pericardial regions** were free of masses in the visible window. Hepatic veins were mildly dilated.



## PATIENT ULTRASONOGRAPHIC FINDINGS

- Kona Mann**
- Mitral and tricuspid insufficiency with mitral valve prolapse (Stage C1 valvular disease)
  - Severe left atrial enlargement
- SPECIES**
- Canine
- Trace pericardial effusion
  - Mildly dilated hepatic veins

## BREED INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

**Boston Terrier**

**SEX**

Neutered Male

**Recommend aggressive triple therapy in this patient.** Assessment of BUN, creatinine, USG, chest radiographs and blood pressure as well as clinical exam ideal in 7-10 days. Basal respiratory rate should be <20/min. Triple therapy recommended- Pimobendan 0.3 mg/kg BID, ACE inhibitor 0.5 mg/kg SID progressing to BID, continuation of Lasix and Spironolactone. Recheck echo in 10-14 days. Cage rest and limited leash walking warranted in the meantime, as the cardiac presentation is precarious. This patient is at risk for sudden death.

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## WEIGHT

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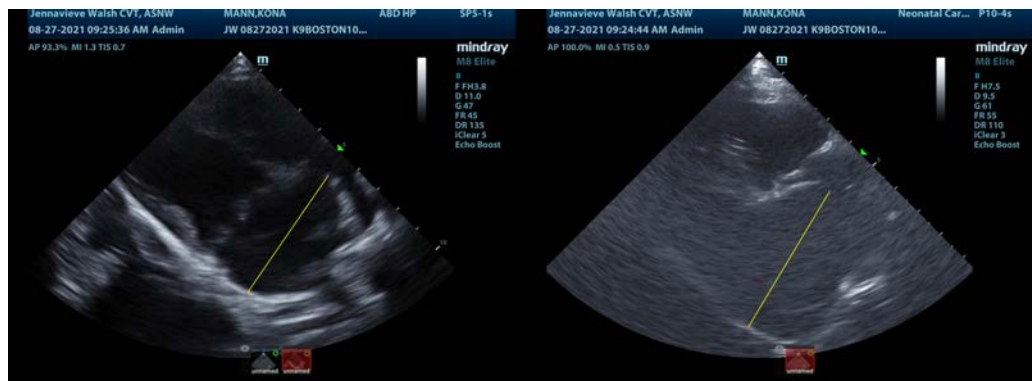
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**PATIENT**

Kona Mann

**SPECIES**

Canine

**BREED**

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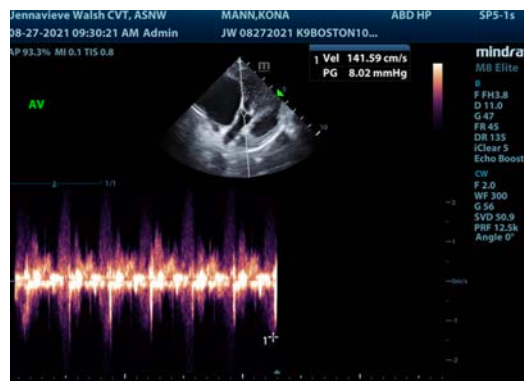
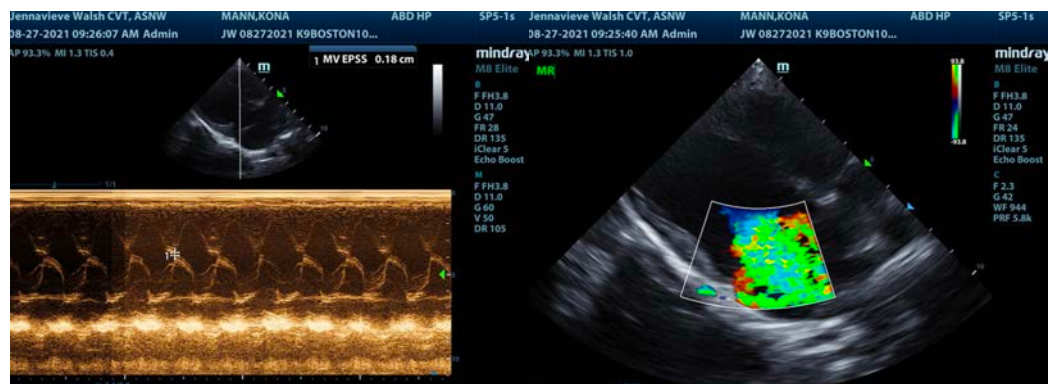
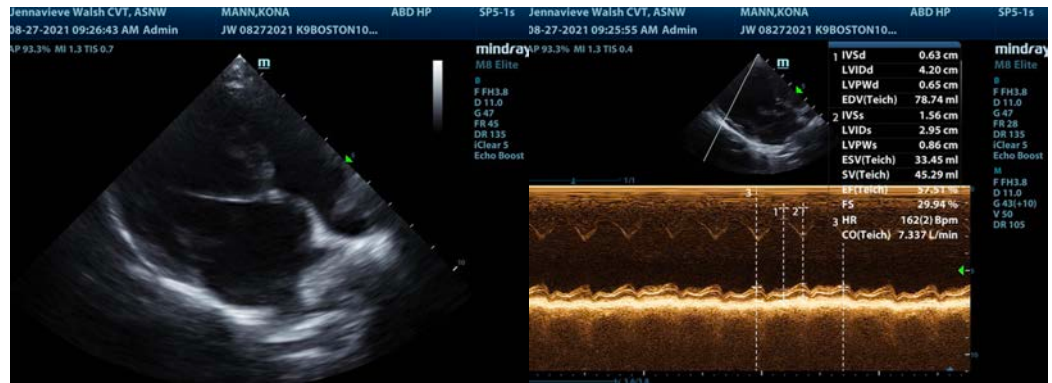
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS

CEO of Sonopath.com

Eric.Lindquist@SonoPath.com