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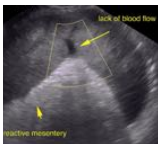
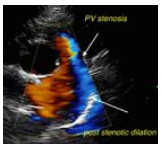
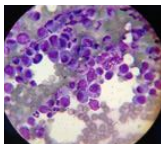
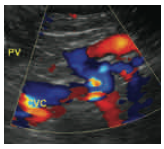

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1-800-838-4268 info@sonopath.com

PATIENT
Mya McLaren

SPECIES
Canine

BREED
Havanese

SEX
Spayed Female

AGE
12 years

WEIGHT
4.6 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Callihan

HOSPITAL NAME
Animal Emergency Care

REFERRING VET
Dr. Bailey

INVOICE
91034

DATE
8/7/21

PRESENTING CLINICAL SIGNS

History: Patient presents for: Last night coughing like trying to vomit/something stuck in throat, got down off couch still coughing then collapsed/hit head on floor and started yelping. Recovered fine but breathing more rapid. In middle of night happened again coughing/fell over yelping. Breathing still labored. This morning not coughing as much. Normal urine/stool this morning. No interest in dinner last night or breakfast, but not unusual. History of: Heart murmur first noticed 3 years ago. Owner has been monitoring SRR and usually 14-16, was higher last night. No known medical issues or sensitivities
Medications: None; Diet = Freeze-dried, grain-free
Murmur 4/6 left apical; resp rate on admit 52/min; was given 1 IV dose furosemide 4 mg/kg 3 hr prior to echo. Responded well, did not require oxygen, resp rate and effort normalized through day -radiographs showed cardiomegaly w enlarged left atrium, pulmonary pattern consistent w pulm edema

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated enlarged **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. Prolapse of the anterior mitral valve was noted. 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** insufficiency was noted and measured 2.4 m/sec. 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 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		2.4	1.9	1.64	48	81	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		NM	1.24	4.6	3.56	3.22	

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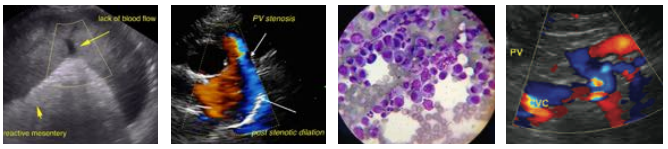

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ULTRASONOGRAPHIC FINDINGS

Mitral valve insufficiency.

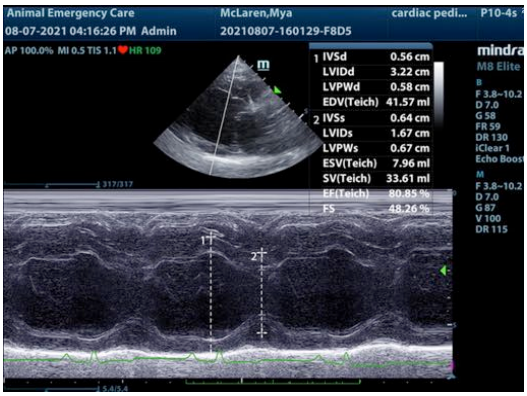
Mild left atrial enlargement with prolapse of the anterior mitral valve leaflet.

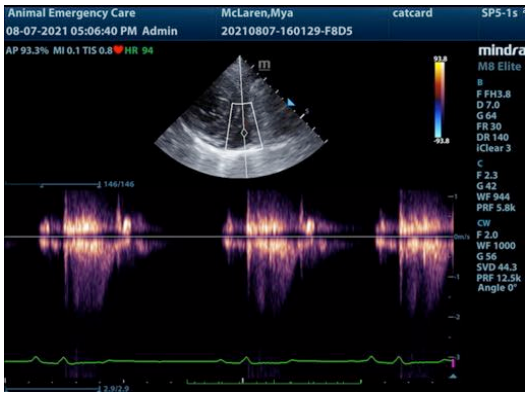
Stage B2 valvular disease.

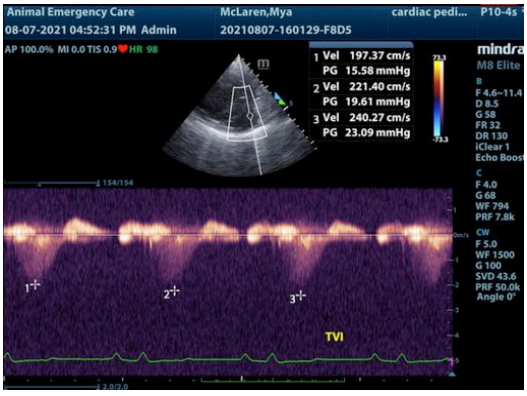
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

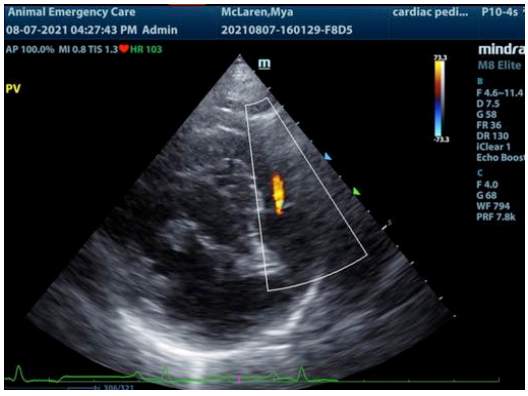
I recommend adding Pimobendan at 0.3 mg/kg b.i.d. along with Lasix at 2-3 mg/kg b.i.d. However, there may also be respiratory component to the cough as only mild left atrial enlargement is noted. Primary respiratory therapy may also be necessary. Recheck echocardiogram is recommended in a month. Blood pressure measurements are warranted if not already performed.

Assessment of BUN, creatinine, USG, chest radiographs and blood pressure as well as clinical exam is ideal in 7-10 days. Basal respiratory rate should be <20/min.









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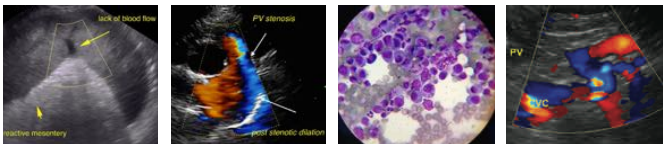

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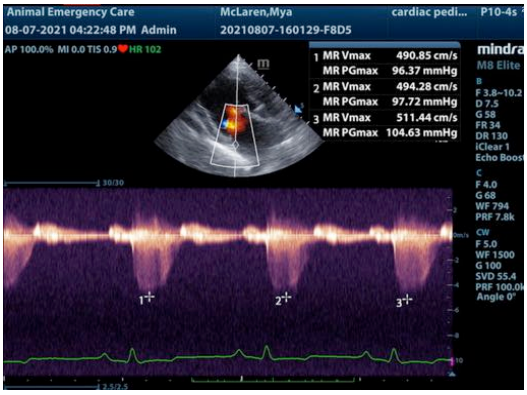

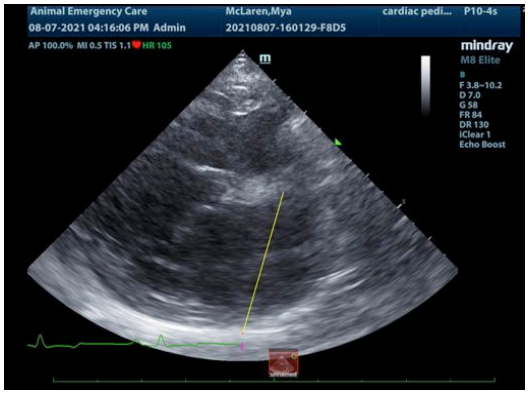

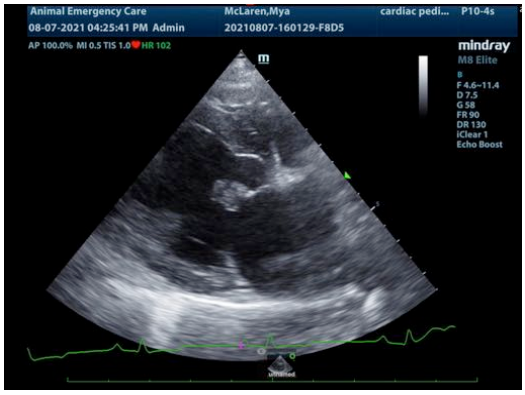

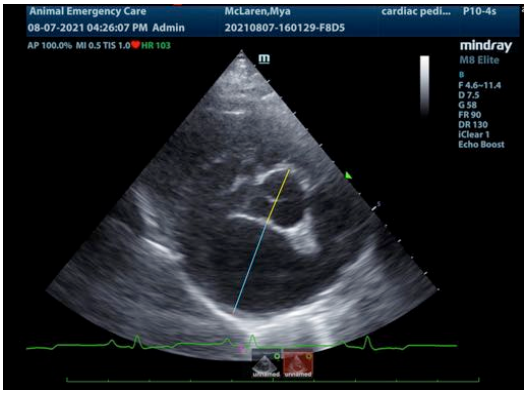

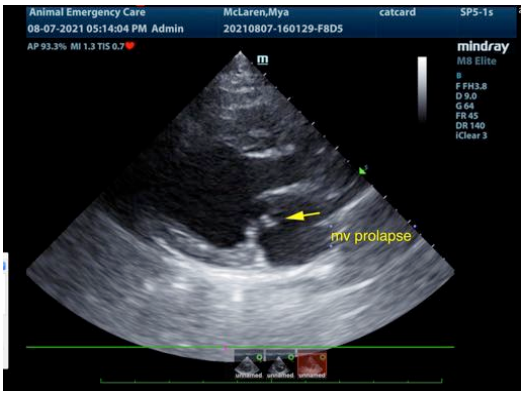

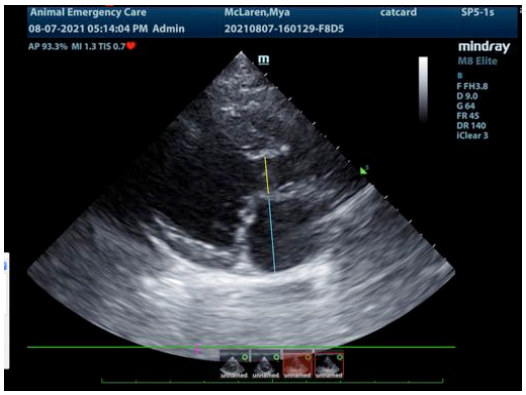

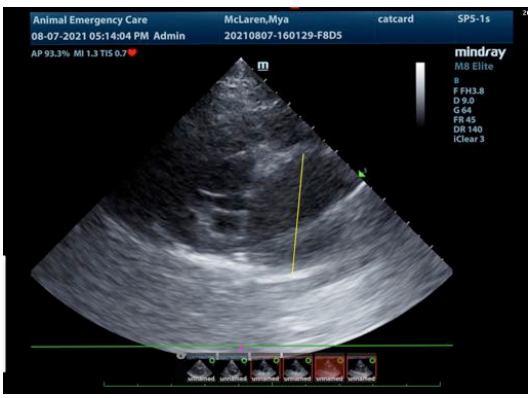

The information and recommendations provided are based on the images presented by the referring

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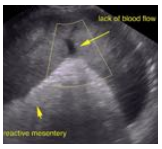

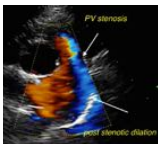

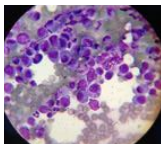
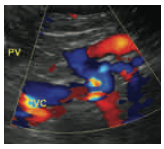

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veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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