



**PATIENT**

Momo-Chino Aliberte

**SPECIES**

Canine

**BREED**

Staffordshire Terrier

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

56.5 Pounds

**PRESENTING CLINICAL SIGNS**

presented for collapsing/weakness in hind end, has 3/6 murmur arrhythmia  
Abnormal PE/Chem/CBC/UA Results: regenerative anemia increased BUN and SDMA severely increased ALP

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

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	6.0		NM	1.47	45	80	0.5
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	BELOW	BELOW	BELOW	BELOW
PATIENT	90	1.3	0.9		4.6	5.0	

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Bednar

**Cardiac Presentation**

The echocardiogram for this patient presented minor **left atrial** enlargement. 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 normal 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, right ventricle** and **pulmonary artery** were mildly enlarged with mild pulmonary hypertension. **Tricuspid** insufficiency noted at 3.0 m/sec. 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**

- Stage B2 valvular disease with mitral and tricuspid insufficiency
- Mild pulmonary hypertension

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41240

**DATE**

9/12/22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If vertebral heart score is excessive, Pimobendan would be indicated at 0.3 mg/kg BID. Blood pressure measurements warranted. Holter monitor warranted, given the possibility of paroxysmal arrhythmia. Abdominal sonogram recommended, given the clinical history of anemia and azotemia to assess if chronic renal disease or other pathology is playing a role. If systolic pressure is >160, ACE inhibitor therapy would be indicated. However, the renal presentation should be evaluated first.



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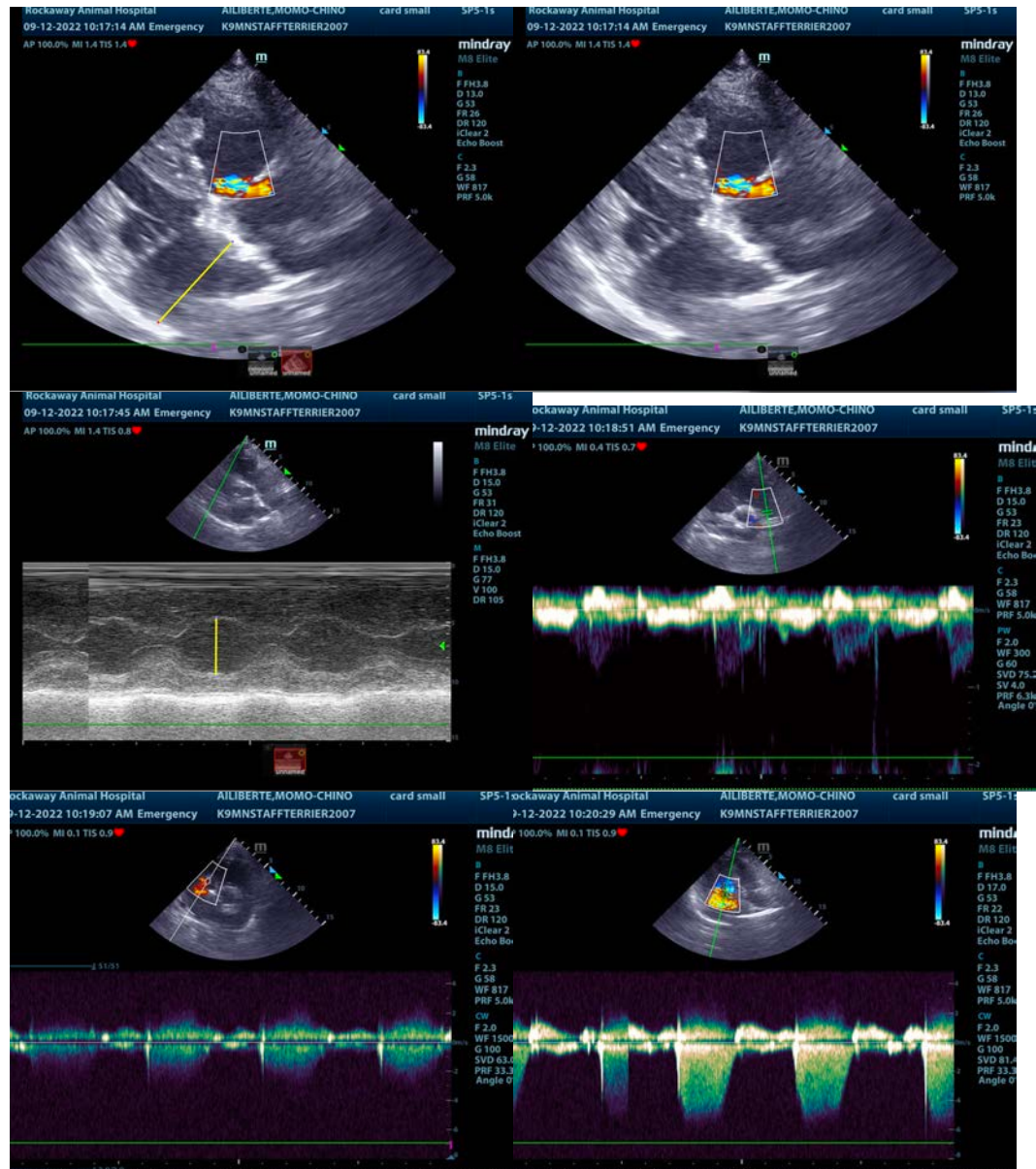
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The heart has some volume overload and is working to compensate for the valvular insufficiency. Target respiratory rate is < 20 resp/minute after therapy. After initiating therapy, I recommend recheck on the clinical exam, BUN, Creatinine, USG, Chest radiographs & Blood pressure in 5-7 days. Recheck echo in 1 month. Earlier if clinical decompensation is occurring. I do not recommend anesthesia at this time until stabilization has occurred on the recommended medications. Repeat preanesthetic echo is ideal if anesthesia is eventually necessary. There is moderate anesthetic risk for this patient. I recommend cardiac treatment prior to sedation unless only light opioids are utilized which would have minimal effect on heart function.





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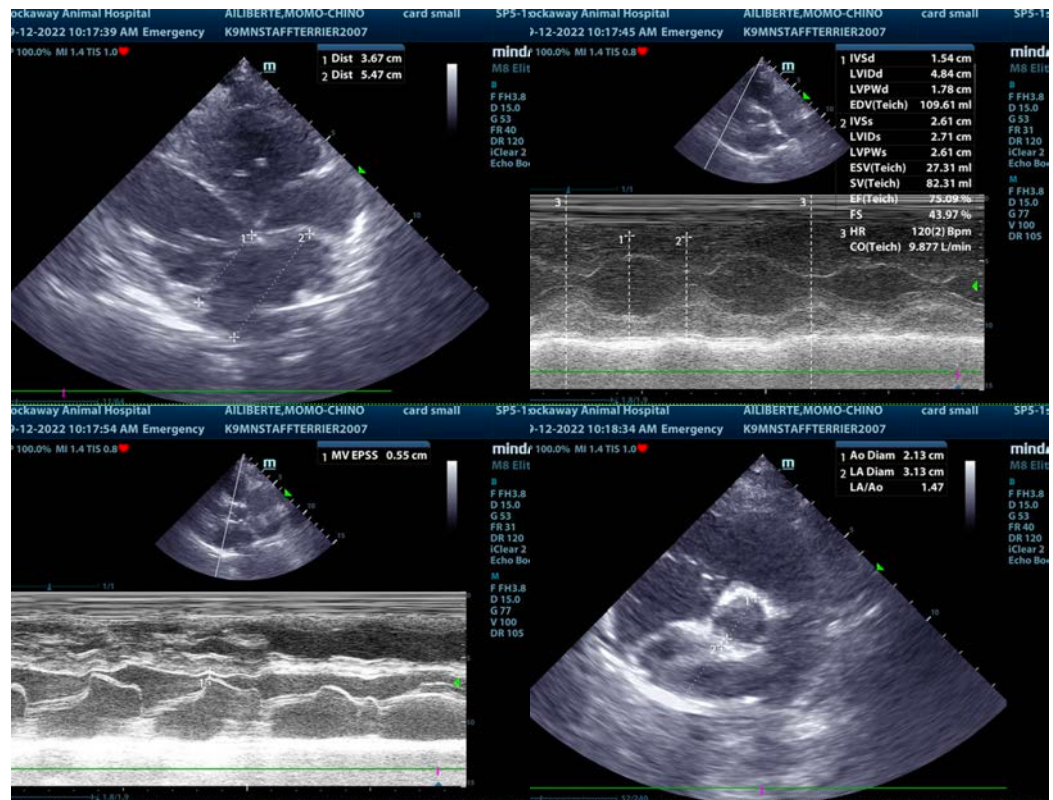
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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