



PATIENT PRESENTING CLINICAL SIGNS

Chase Stout History: left sided III/VI murmur; coughing. Current meds: cough tabs, 1/2 tab PO Q8h; doxycycline 200mg 1/4 tab PO Q12h

SPECIES Abnormal PE/Chem/CBC/UA Results: Increased Alk phos, Increased BUN/Creat ratio

Canine ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Maltese

SEX

Neutered Male

AGE

12 Years

WEIGHT

16 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	5.07	3.0	2.14	--	58	89	0.3
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	95	1.29	.60	--	4.47	3.25	--

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Parker

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. Prolapsed anterior **mitral** valve leaflet 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 noted. 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. A comet tail lung pattern was noted also in the peripheral fields.

INVOICE

13176

- Advanced stage B2- C1 valvular disease
- Bradyarrhythmia

DATE

9/20/21

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend triple therapy (Pimobendan at 0.3 mg per kg BID, Lasix at 2 mg per kg BID and Ace-



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inhibitor 0.5 mg per kg SID progressing to BID) in this patient given the lung edema noted-it was not overtly evident on radiographs yet is persistently present in multiple views sonographically. Cardiac follow up and recheck echo in 10-14 days. Target resting respiratory rate of <20 per minute. Bradyarrhythmia appeared to be present as well-EKG and blood pressures indicated.

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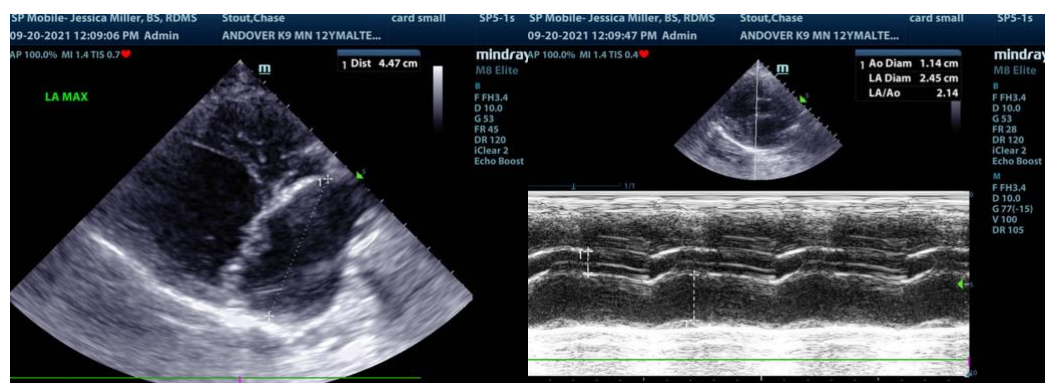
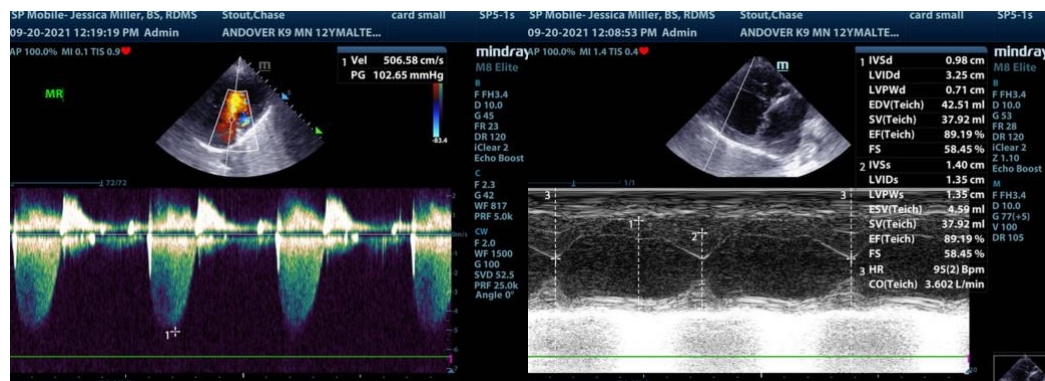
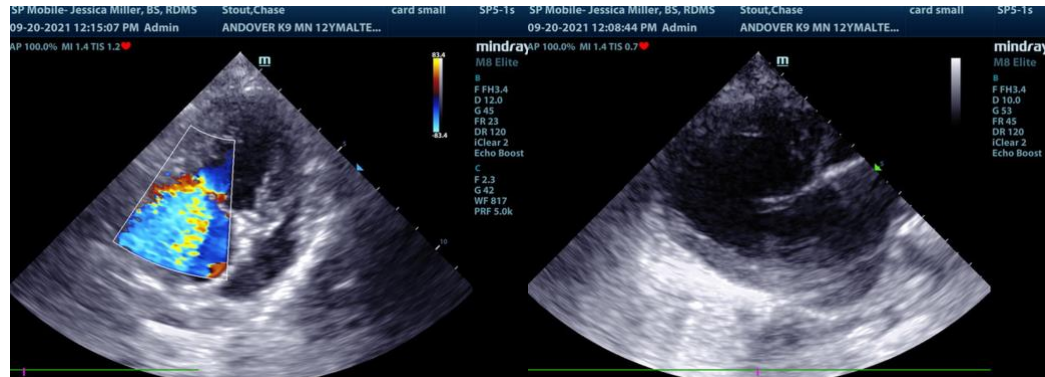
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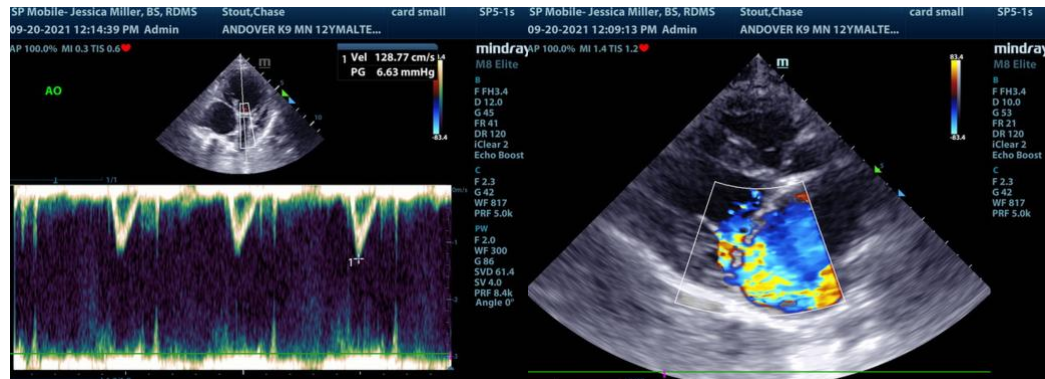
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Jessica Miller

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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