



PATIENT PRESENTING CLINICAL SIGNS

Maggie Visalli

History: Three month follow-up exam. Diagnosed with Stage 2 Valvular Disease 8/2019. Early stage B2 valvular disease diagnosed 6/2/21 and she was started on Pimobendan (1.25mg sid) and furosemide (3.1mg bid). Cough has improved but persists- worse when excited.
 Abnormal PE/Chem/CBC/UA Results: PE: GRADE III/VI LEFT SYSTOLIC HEART MURMUR, NUCLEAR SCLEROSIS, STAGE III DENTAL DISEASE. WEIGHT IS STABLE. NO RECENT LABS DONE.

SPECIES

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Maltese

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 leaflet was also 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 at 3.29 m/sec. This is consistent with mild pulmonary hypertension. 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.

SEX

Spayed Female

AGE

14 years

WEIGHT

8.6 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Anderson

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Anderson

INVOICE

91892

DATE

9/21/21

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	5.2	3.29	1.7	1.81	61	91	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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				8.6 lbs		2.66	



PATIENT

ULTRASONOGRAPHIC FINDINGS

Maggie Visalli

Mitral insufficiency.

Moderate left atrial enlargement.

SPECIES

Advanced stage B2-early C1 valvular disease.

Canine

Early pulmonary hypertension.

BREED

Maltese

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Spayed Female

I recommend adding to the current protocol the Pimobendan and Lasix. Ace inhibitor is recommended at 0.5 mg/kg s.i.d. progressing to b.i.d. and Spironolactone at 1-2 mg/kg b.i.d. Concurrent primary respiratory disease may also be playing a role in this patient. Blood pressure measurements are recommended. A recheck echocardiogram is recommended in a month.

AGE

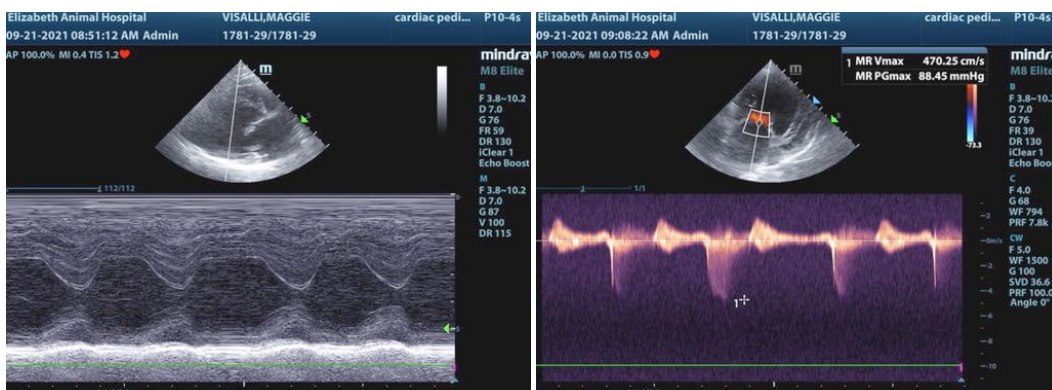
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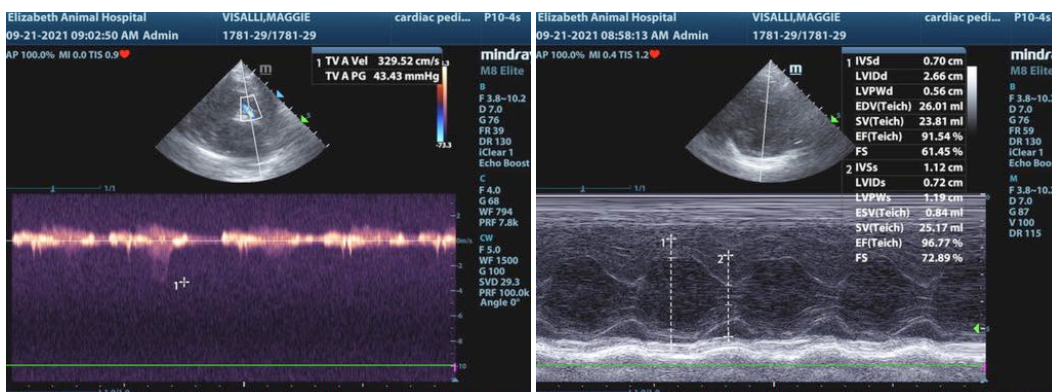
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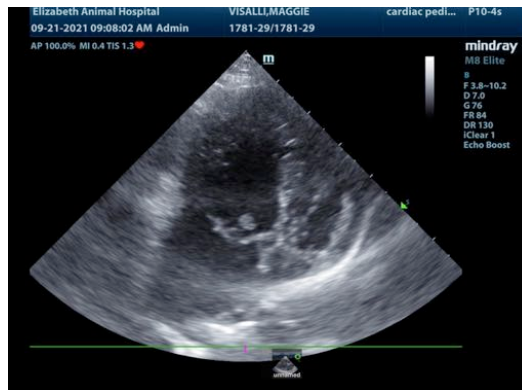
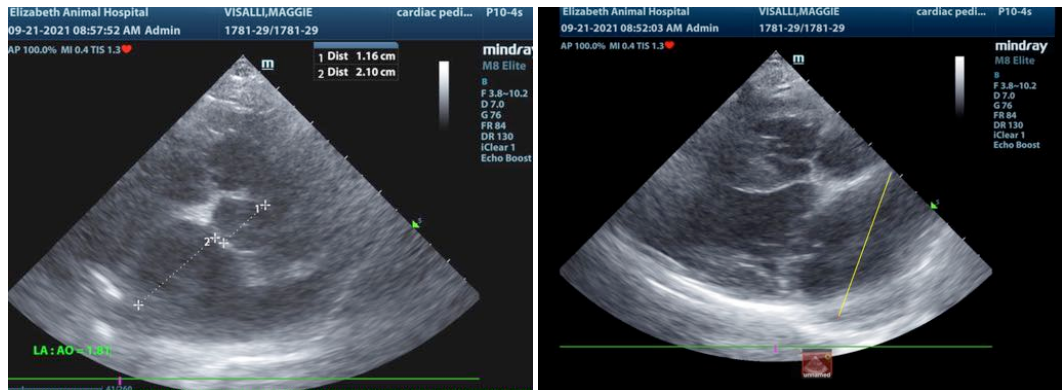
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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