



PATIENT

Ceilidh Barnstead

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

Spayed Female

AGE

12 years

WEIGHT

9.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Alastair Westcott

HOSPITAL NAME

Dr. Alastair Westcott

REFERRING VET

Dr. Alastair Westcott

INVOICE

91999

DATE

9/27/21

PRESENTING CLINICAL SIGNS

History: Increased coughing and panting at rest. Lethargy. Exercise intolerance. Apparent syncopal episodes.

Pan systolic murmur PMI left apex, increased lung sounds with some crackles. Mild cardiomegaly on radiographs with dilated pulmonary lobar vessels and a perihilar bronchointerstitial patterning. Mild increase in RR and inspiratory effort. Stress lymphopenia Mildly elevated SDMA Elevated ALKP

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 leaflet 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** valvular assessment demonstrated adequate linear morphology. 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	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.2	3.7	NM	2.44	57	88	NM
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)		2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT		1.1	0.83	9.3 lbs	3.3 max	2.79	



PATIENT ULTRASONOGRAPHIC FINDINGS

Ceildh Barnstead Advanced stage B2 valvular disease with mitral valve prolapse.
Moderate left atrial enlargement.

SPECIES Concurrent pulmonary hypertension is also present.

Canine

BREED INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Shetland Sheepdog

I recommend triple therapy in this patient as this is a near stage C1 valvular disease especially given the Furosemide and Pimobendan already initiated. I recommend an ace inhibitor at 0.5 mg/kg s.i.d. progressing to b.i.d., Lasix 2-3 mg/kg b.i.d, Pimobendan at 0.3 mg/kg b.i.d. A recheck echocardiogram is recommended in 10-14 days. If the hepatic veins are dilated then Sildenafil may also be necessary at 1 mg/kg b.i.d. Blood pressure measurements are warranted to ensure that the systolic pressure is <160.

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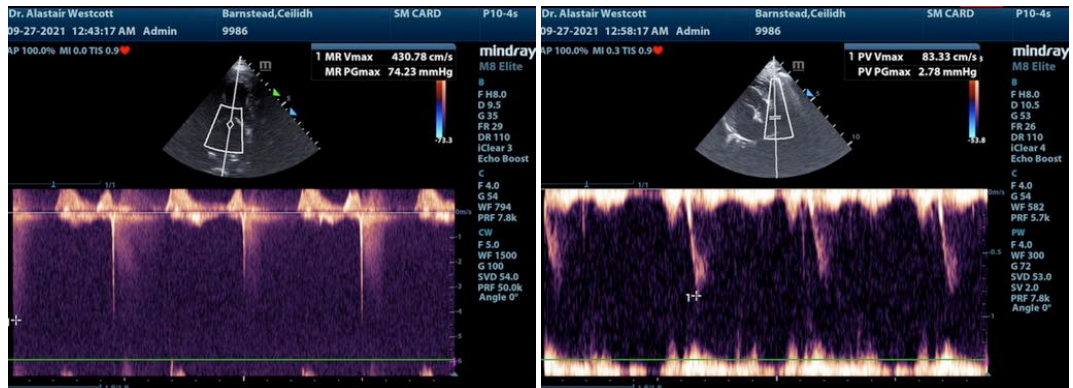
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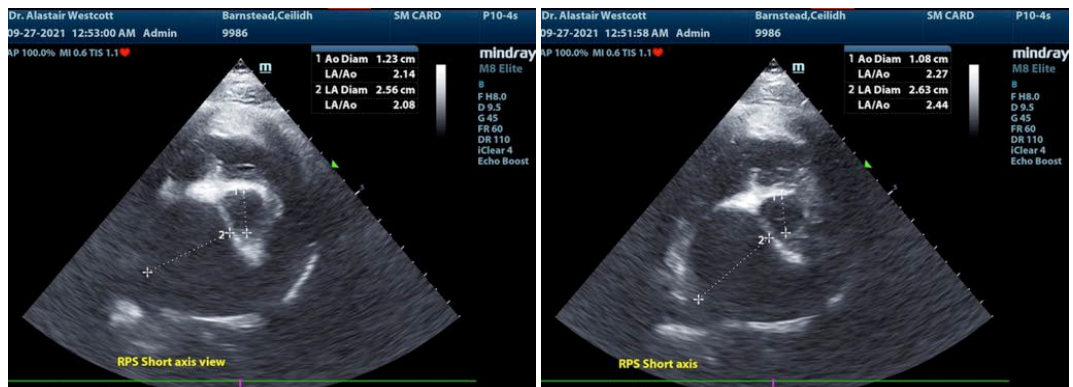
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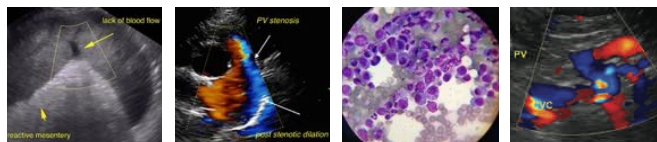


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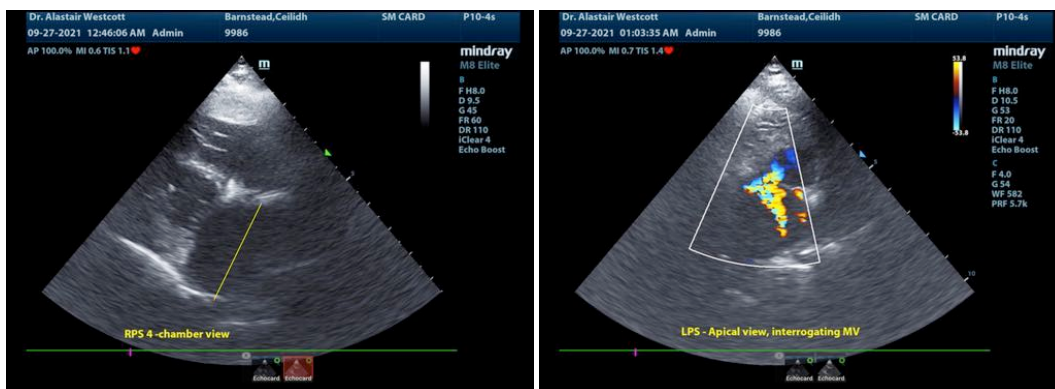
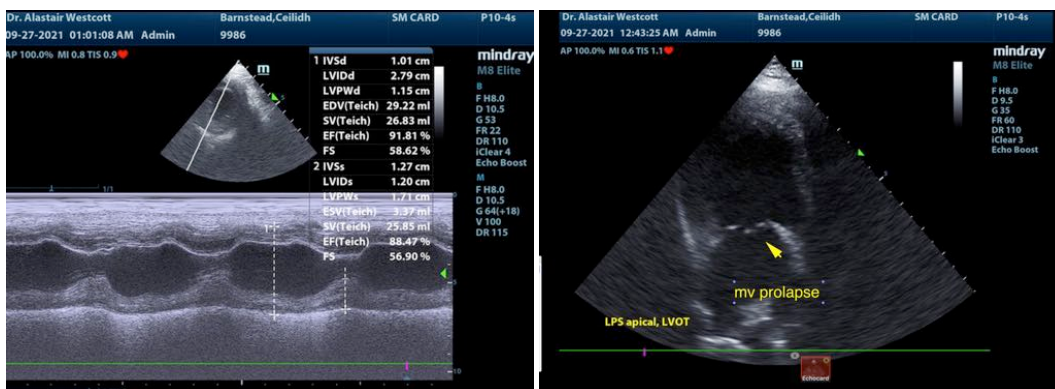
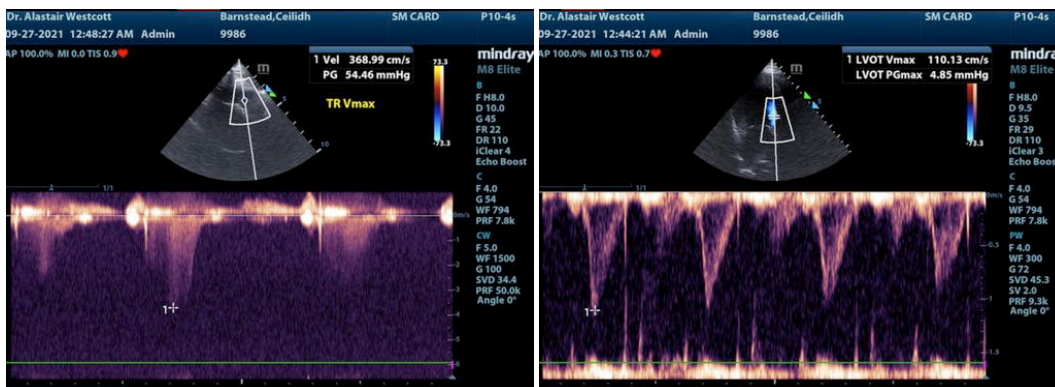
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com