


PATIENT

Toby Pierro

PRESENTING CLINICAL SIGNS

heart murmur. On cephodoxine and apoquel

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED

Shih Tzu

SEX

Neutered Male

AGE

10 Years

WEIGHT

22.5 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	5.33	2.28	1.3	1.7	38	70	0.27
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	107	--	0.77		3.27	3.24	

Cardiac Presentation

Mild **left atrial** enlargement was noted, consistent with early stage B2 valvular disease. The cranial and caudal **mitral valve** leaflets presented vegetative thickening consistent with endocardiosis. 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.

INTERPRETED BY

 Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Advanced Vet Care

REFERRING VET

Dr. Weingartner

INVOICE

25233

DATE

9/8/21

ULTRASONOGRAPHIC FINDINGS

- Mitral and tricuspid insufficiency
- Minor left atrial enlargement
- Very early Stage B2 valvular

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If vertebral heart score is excessive in this patient, then Pimobendan could be initiated at 0.3 mg/kg BID. Recheck echo in 3 months. Blood pressure measurements indicated.



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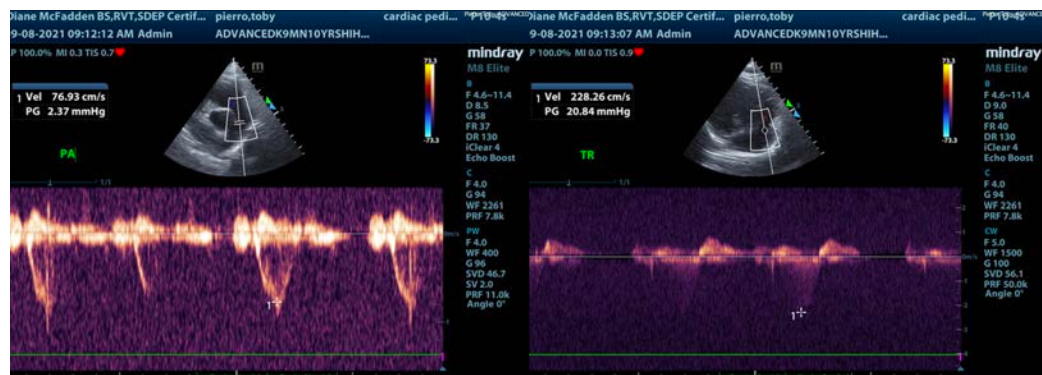
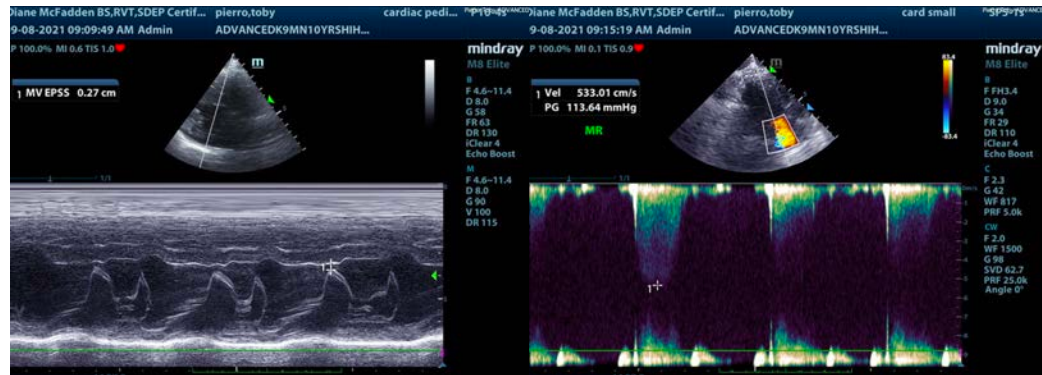
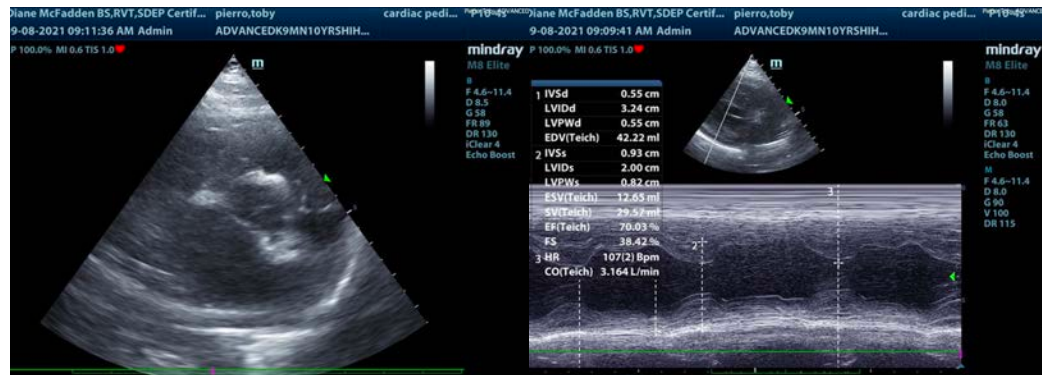
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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.

BREED

Shih Tzu

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

info@SonoPath.com

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