



PATIENT PRESENTING CLINICAL SIGNS

Monkey Moore

History: History of a new 4/6 systolic murmur. Recently started a mild cough. Blood Pressure Measurements 149/102/110 average of three Current Medications None yet Radiographic Findings Subjectively large heart but VHS of 10. Mild pleural edema dorsal hilar lung fields
Abnormal PE/Chem/CBC/UA Results: History of mild ALT elevations

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Maltese

SEX

Spayed Female

AGE

13 years

WEIGHT

12 lbs

The **left atrial** size is slightly enlarged, primarily in the LA max position. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency that measured 5.4 m/sec. Prolapse of the anterior mitral valve leaflet was noted. 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 2.8 m/sec. 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

Jenna Walsh, CVT

HOSPITAL NAME

BPH South Eugene

REFERRING VET

Dr. Wayland

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	5.4	2.8	1.6	1.53	53	86	0.34
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	133	1.16	0.44	12 lbs	3.19	2.92	

DATE

11/8/21

Invoice
92944

ULTRASONOGRAPHIC FINDINGS

Early stage B2 valvular disease with mitral prolapse.



PATIENT

Monkey Moore

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

13 years

WEIGHT

12 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

BPH South Eugene

REFERRING VET

Dr. Wayland

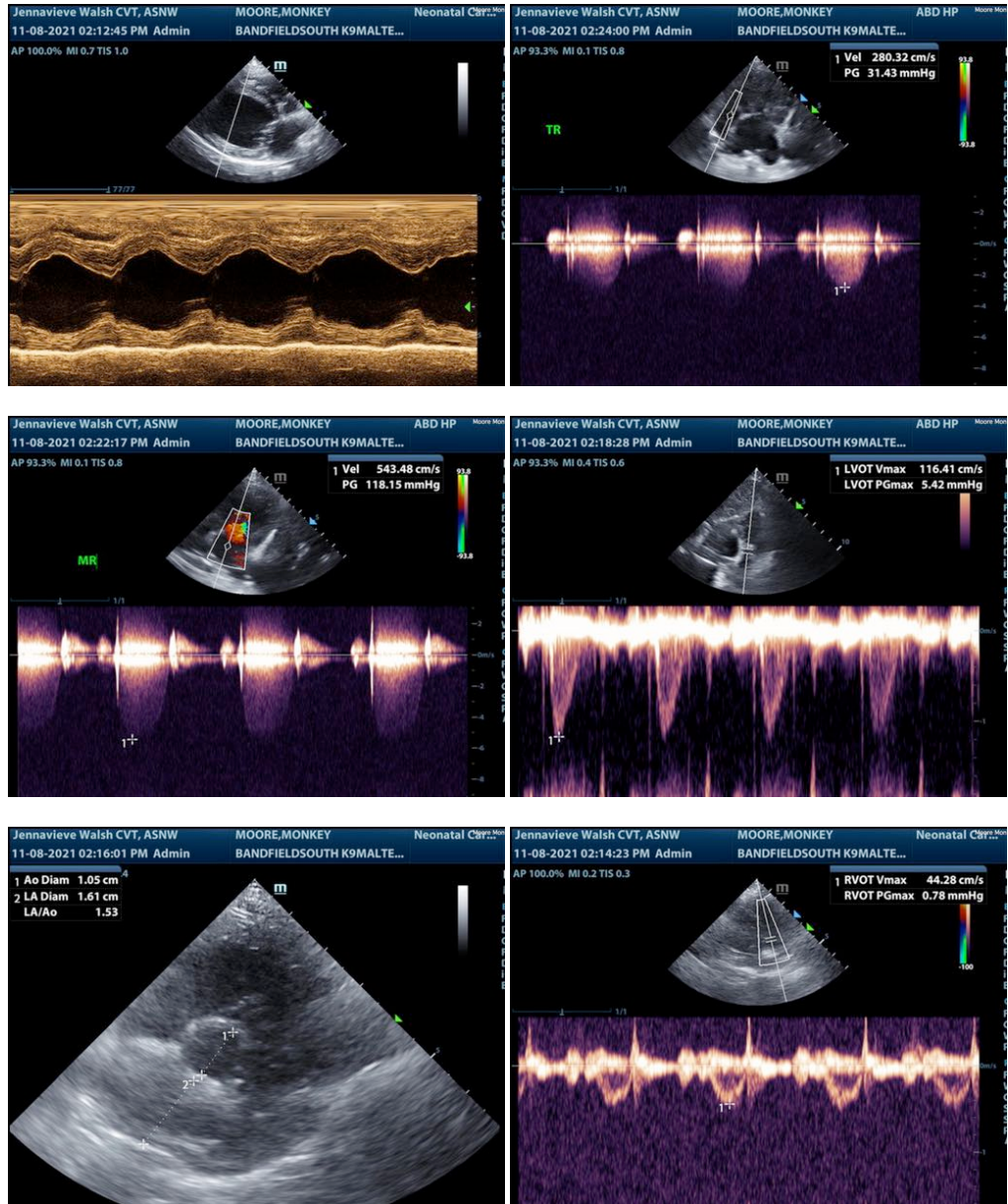
DATE

11/8/21

Invoice
92944

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no significant volume overload at this time. I recommend assessment of the radiographs for pulmonary edema as full heart failure does not appear to be present in this patient. However, there is mild left atrial enlargement. I recommend Pimobendan at 0.3 mg/kg b.i.d. A low dose Lasix trial can be considered at 1-2 mg/kg b.i.d. and reassessment of the clinical signs. A recheck is recommended in a month. Assessment for primary respiratory causes of the cough is warranted as I do not believe that the left atrium is significant enlarged, yet it is consistent with early stage B2 valvular disease.





PATIENT

Monkey Moore

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

13 years

WEIGHT

12 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

HOSPITAL NAME

BPH South Eugene

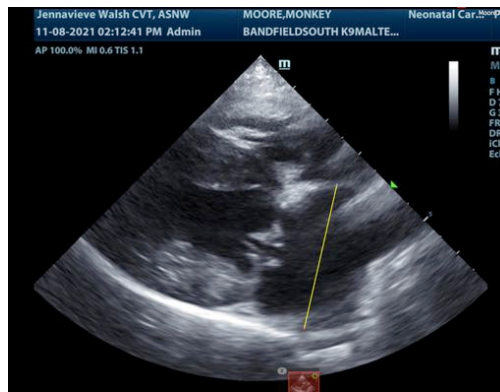
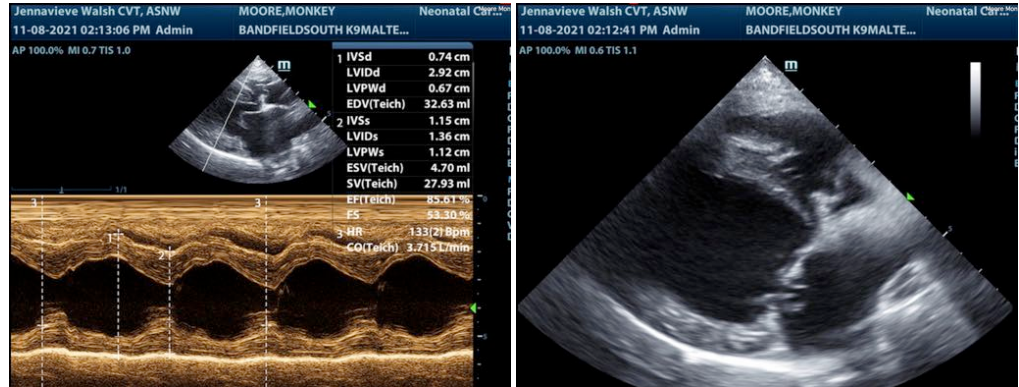
REFERRING VET

Dr. Wayland

DATE

11/8/21

Invoice
92944



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

Eric.Lindquist@SonoPath.com