

PATIENT PRESENTING CLINICAL SIGNS

Layla Luna

Layla presented for coughing at night on 11/20/21. Radiographs were performed - heart enlargement and early CHF per radiologist. Pet was started on furosemide, enalapril and pimobendan and had a great response to treatment. Presented again today for coughing fit this morning. Radiographs were repeated - tracheal cause for cough suspected. Grade III/VI left apical systolic heart murmur - no coughing on PE, normal respiratory rate with clear lung Current Medications Furosemide 6.25mg q12; Enalapril 2.5mg q12; Pimobendan 1.25mg q12; Cough tablets 1/2 tab q6 PRN

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

11 years

WEIGHT

9.25 lbs

Abnormal PE/Chem/CBC/UA Results: Initial radiographs: Findings: 5 radiographs dated November 20, 2021. Opposite lateral and ventrodorsal views of the thorax. There is straightening of the caudal cardiac waist consistent with left atrial enlargement. There is increased apical to basilar length of the heart consistent with left ventricular enlargement. The heart measures approximately 11.8 V on the vertebral heart scale, which is above normal limits (normal 8.7 to 10.7 V). The pulmonary vasculature is normal, with symmetry between the pulmonary arteries and veins. There is a mixed pulmonary pattern consisting of diffuse bronchial markings with an overall unstructured interstitial pattern. No abnormalities are noted within the pleural space and mediastinum. No significant skeletal abnormalities are noted. Minimal degenerative changes are at the shoulders. Visible portions of the abdomen are normal. Assessment: 1. Left-sided cardiomegaly with mild unstructured interstitial opacities throughout the lungs. While overt pulmonary venous congestion is not seen, this appearance could be due to early congestive heart failure. Trial diuretic therapy and echocardiography are suggested. 2. Mild diffuse bronchial markings. These may represent an incidental aging change though nonspecific bronchial disease is possible. Otherwise normal thorax with no signs of pulmonary metastases or intrathoracic lymphomegaly. Comments: no radiographically apparent signs of tracheal collapse are seen, though tracheal collapse remains possible. Repeat radiographs from 12/10/21 emailed

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The **left atrium** was at the upper limits of normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. The **left ventricular** internal diameter is mildly excessive. 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.

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Giambuzzi

DATE

12/21/21

Invoice
94800



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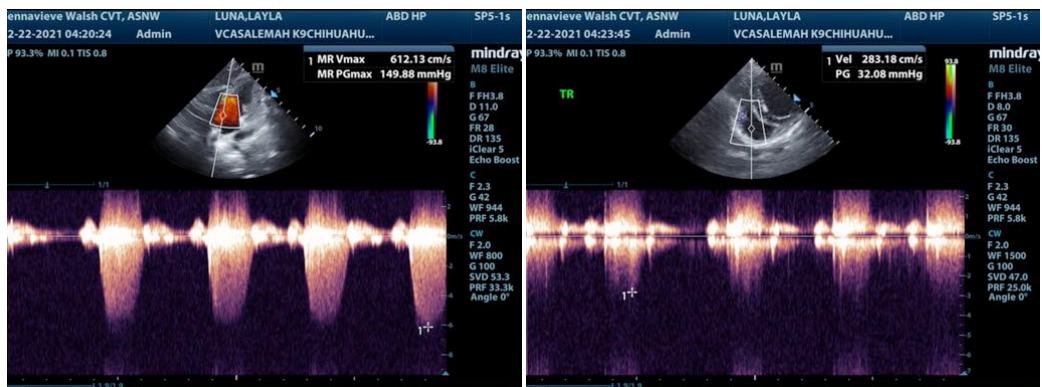
	CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
	CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
	PATIENT	6.12	2.83	NM	1.58	55	87	0.24
	CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LA 2D short 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	182	1.59	1.2	9.25 lbs	2.9 max	3.19	

ULTRASONOGRAPHIC FINDINGS

Stabilized mitral disease on current triple therapy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient appears stable on the current protocol. I recommend continuation of the current protocol with the addition of Spironolactone at 1-2 mg/kg. Target respiratory rate is less than 20/minute. A recheck echocardiogram is recommended in 1-3 months depending on clinical progression. Blood pressure measurements are warranted if not already performed.





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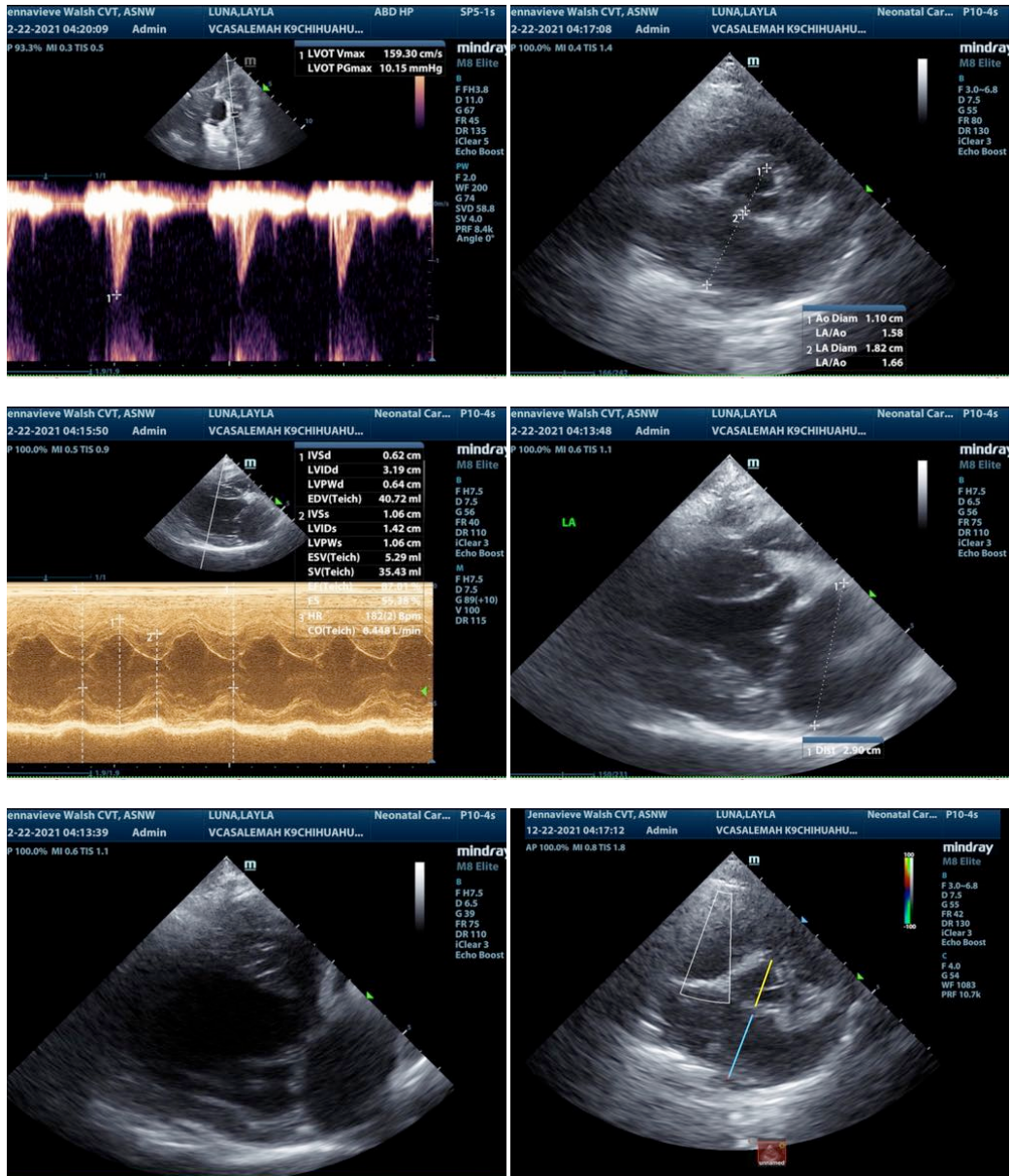
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



PATIENT

Eric.Lindquist@SonoPath.com

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