

PATIENT

Chai Schneider

SPECIES

Rat

BREED

SEX

Intact male

AGE

2 years

WEIGHT

713 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Giddens

PRESENTING CLINICAL SIGNS

Increased resp effort and rate - difficult to auscultate heart. Lateral view of chest - suspected fluid in lungs and unable to outline heart. Gave IM furosemide and started pet on oral heart meds (and Doxy) at that time with major improvements to resp rate and effort within one day. Current Medications Furosemide, Benazepril, Pimobendan, Doxycycline, TMS, metacam Primary Question/Differential to Be Answered in This Exam Is this a primary heart issue or pneumonia so we can keep pet on appropriate medications.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

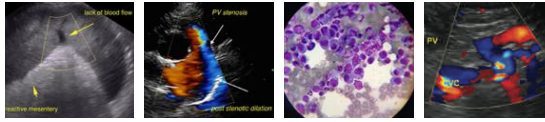
The echocardiogram in this patient revealed normal to slightly excessive heart rate. Left atrial enlargement was noted on heart base view. Four chamber long axis revealed mildly excessive LA max. **Mitral** valve insufficiency was noted and is centralized to lateral and is > 4.0 m/sec. The **contractility** was subnormal. The septal and free wall thicknesses appear to be subjectively normal. 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 and kinetics. 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 **pericardial** or pleura effusion was noted at the time of the sonogram. Some comet tail lung pattern was noted in the peripheral lung fields. Arrhythmogenic activity appeared to be present.

CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	330-450					
PATIENT		432	0.2	0.87	0.2	20	46
CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Sisson)	LA 2D 4-chamber long axis AS to FW (Sisson) (cm)	LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)	
NORMAL PARAMETER							
PATIENT	1.3	1.8	1.1 max	1.30	1.20	NM	
Adapted from June Boon, Veterinary Echocardiography, 1998 Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705							

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PATIENT ULTRASONOGRAPHIC FINDINGS

Chai Schneider Mitral insufficiency.

Subnormal contractility/myocardial insufficiency.

SPECIES Possible slight tachyarrhythmia.

Rat

BREED INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left atrial size is only slightly enlarged. I believe that the current protocol of Furosemide, Benazepril and Pimobendan is correct for this patient. However, concurrent pulmonary component may be present given the comet tail lung pattern. I recommend continuation of the current protocol, but adding an antibiotic such as Zithromax or similar to cover for respiratory infection. Recheck echocardiogram is recommended in a month. If possible EKG would be appropriate to rule out concurrent arrhythmogenic disease. Causes of myocarditis should also be considered given the subnormal contractility.

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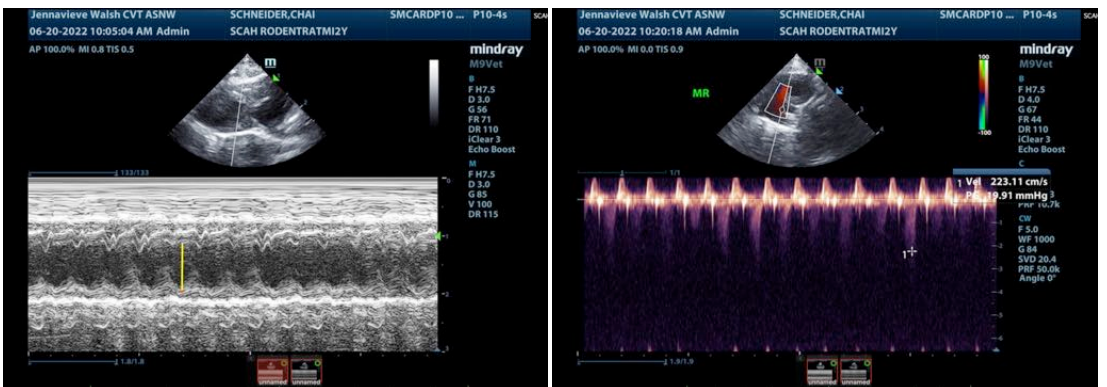
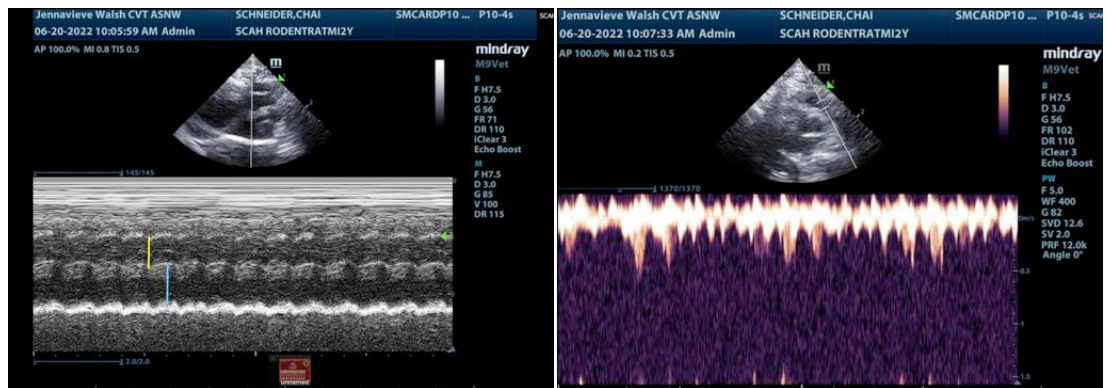
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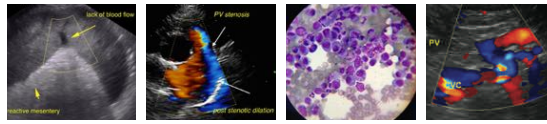
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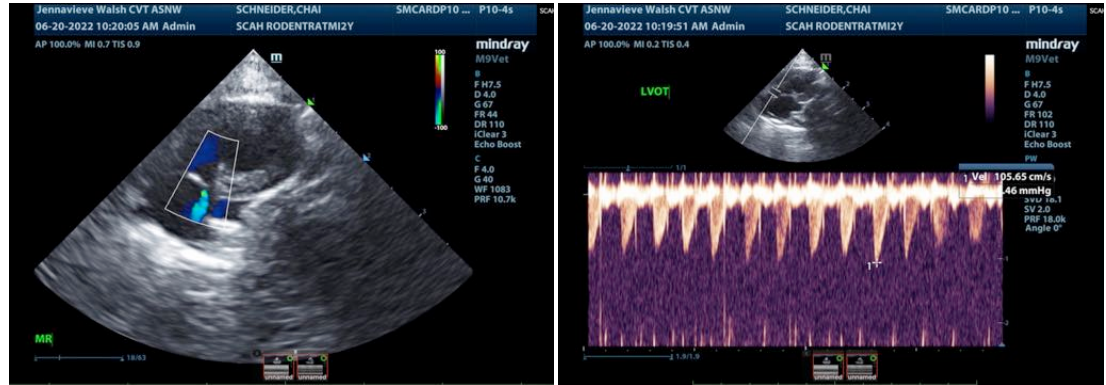
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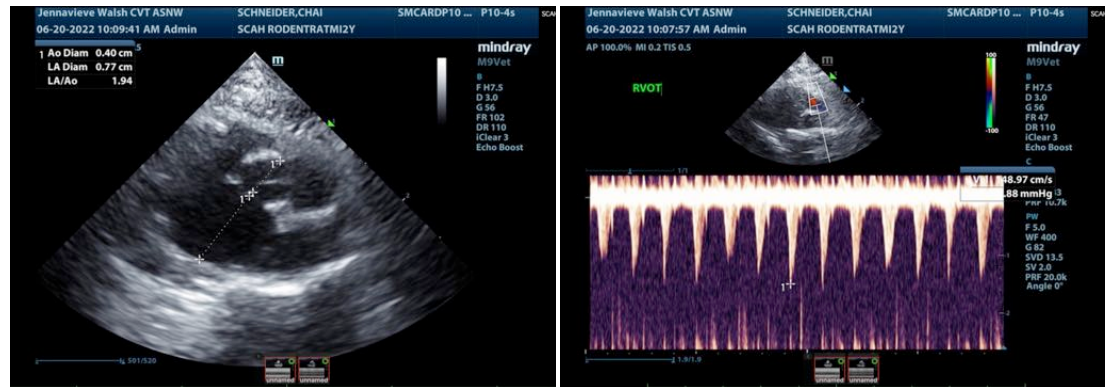
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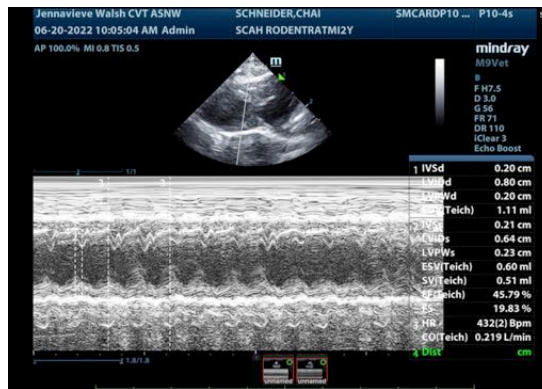
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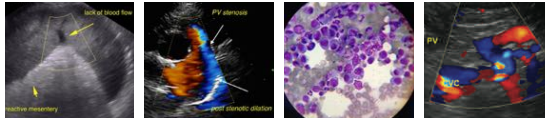
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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Eric.Lindquist@SonoPath.com

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