

PATIENT PRESENTING CLINICAL SIGNS

Ziva Seits 4/6 heart murmur - previously diagnosed as SAS but no secondary changes as of echo 10/2021. Coughing x 3 weeks. Potential seizure after starting Clavamox, so discontinued. Minimal response to hydrocodone. ACO - cough significantly improved on furosemide, enalapril and Vetmedin

SPECIES Abnormal PE/Chem/CBC/UA Results: Current Medications Vetmedin, furosemide, enalapril
Canine Radiographs revealed bronchioalveolar pattern, prominent bronchi, and normal cardiac vascularity, slightly enlarged cranial waste likely owing to increased respiratory pressures.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Pomeranian The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. 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. **Aortic insufficiency** was noted. Moderate increased LVOT velocity was noted. This is consistent with subaortic stenosis; however, it is not likely a clinical issue at the time. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** 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. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window. The hepatic veins were not dilated.

SEX Spayed female

AGE 8 years

WEIGHT 6.6 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Ark AH

REFERRING VET

Dr. Parker

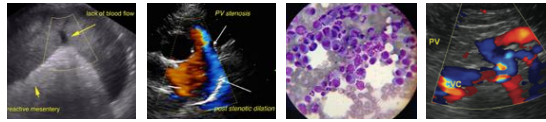
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CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			1.3	1.4	42	76	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (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	BELOW	BELOW	BELOW	BELOW
PATIENT	159	4.0	1.23	6.6 lbs	1.98	2.1	

ULTRASONOGRAPHIC FINDINGS



PATIENT Normal canine cardiac.

Ziva Seits

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no volume overload of the left heart and no mitral insufficiency. The diuretic may be helping with primary respiratory disease, but there is no indication for enalapril or Vetmedin at this time. Primary respiratory protocol is warranted. The heart murmur and subaortic stenosis is not a clinical issue at this time and not related to the cough. Primary respiratory protocol is indicated.

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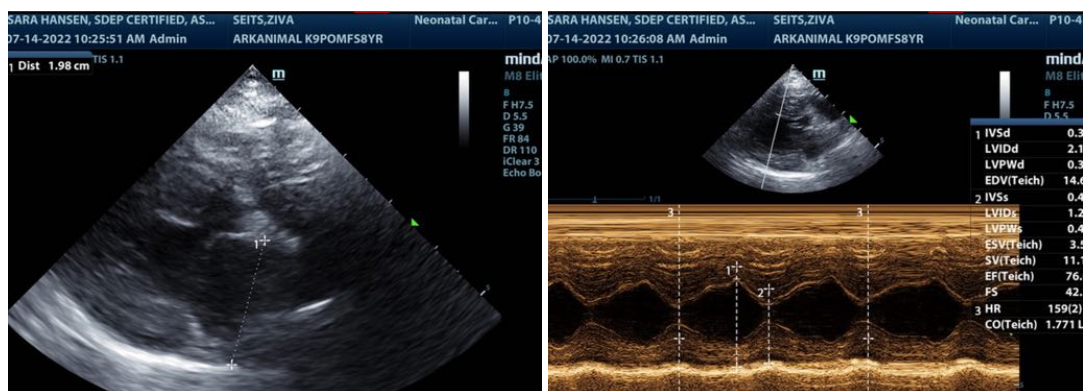
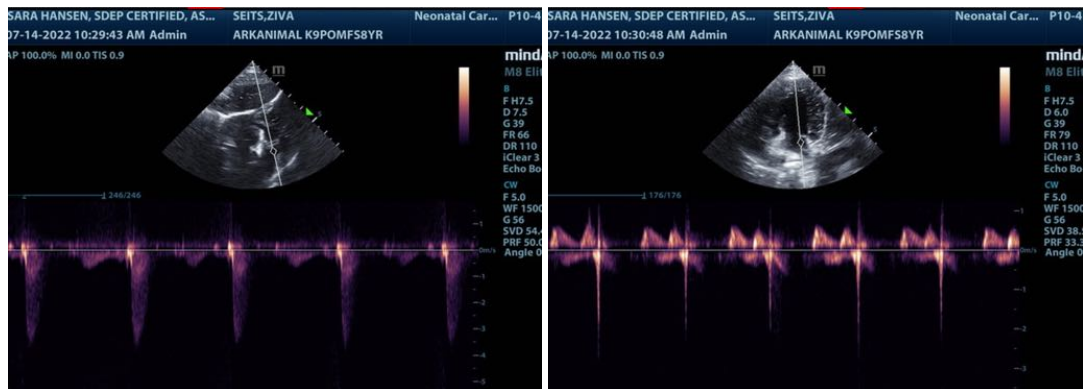
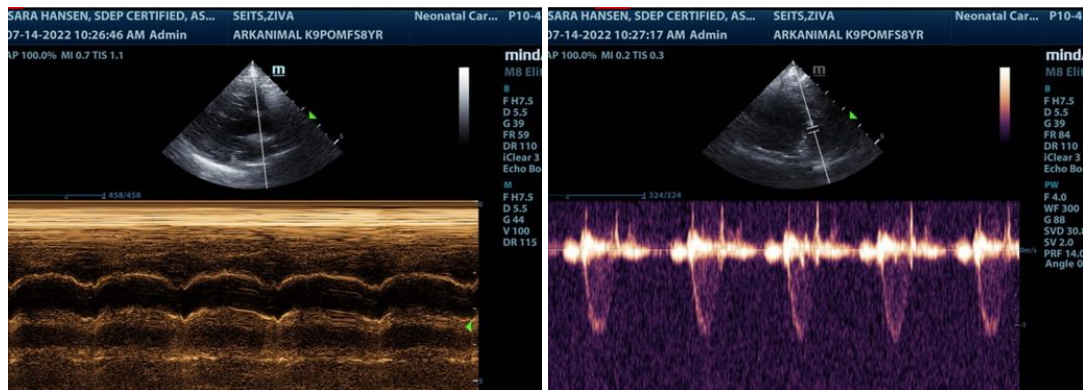
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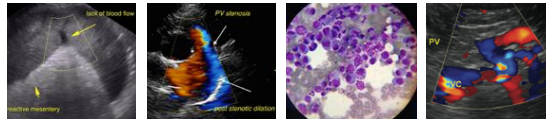
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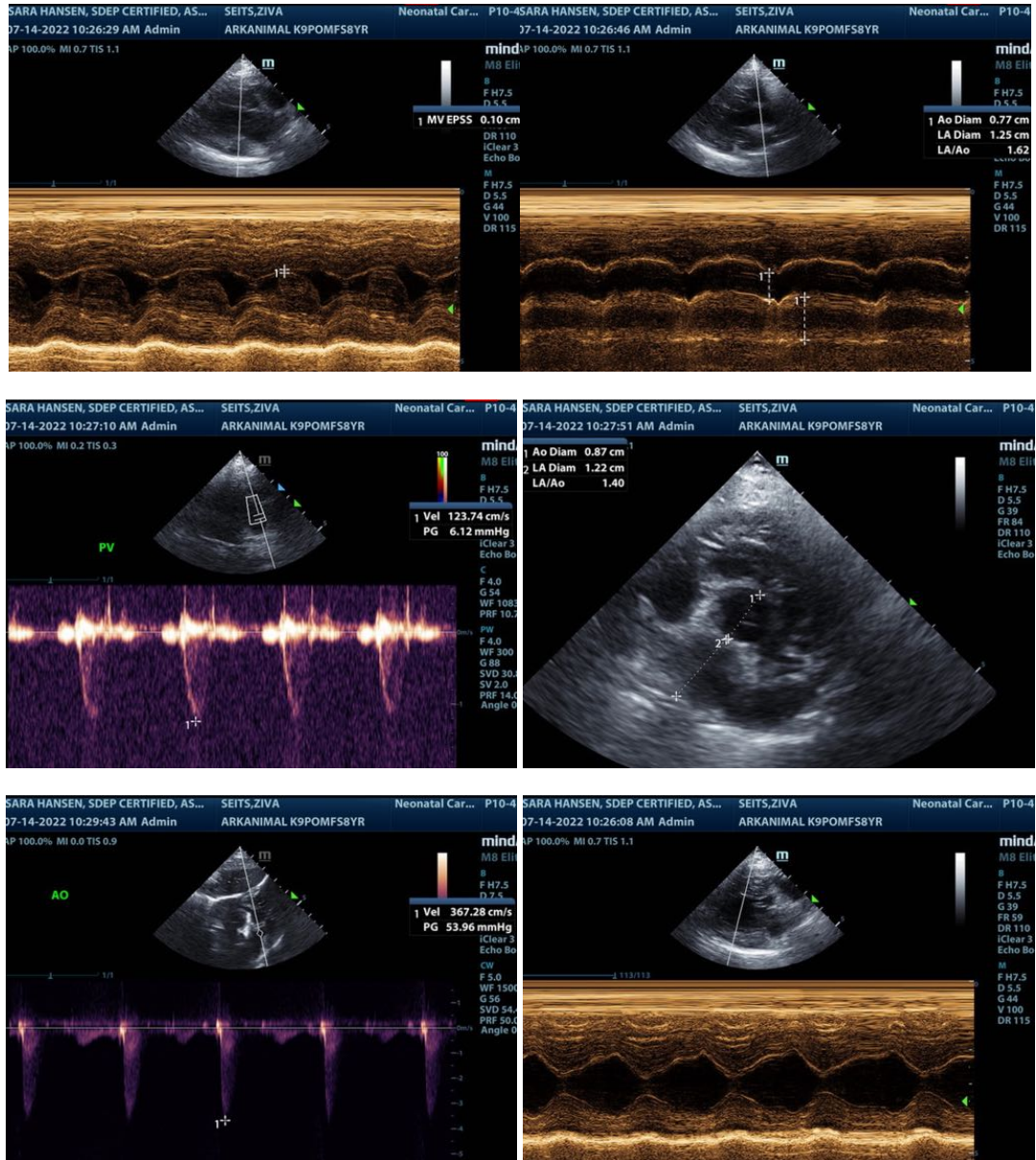
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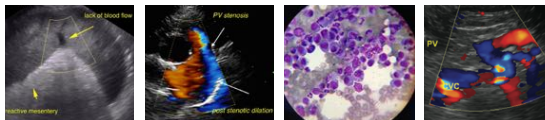


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



PATIENT Eric.Lindquist@SonoPath.com

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