



PATIENT PRESENTING CLINICAL SIGNS

Bella Rina Baker

History: P has a 5/6 left basilar murmur and recently presented for a mild cough. Femoral pulses SSS. No crackles or wheezes auscultated. Current Medications Furosemide 10 mg BID,

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

11 years

WEIGHT

7 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Willakenzie AC

REFERRING VET

Dr. Whalen

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated enlarged **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Prolapse of the anterior mitral valve leaflet was noted. 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 was 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.

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		1.5	1.5	1.5	61	91	0.1
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	132	1.09	0.4	7 lbs	3.0	2.76	

ULTRASONOGRAPHIC FINDINGS

Advanced stage B2 valvular disease.
Left atrial enlargement with mitral valve prolapse.
Mitral and tricuspid insufficiency.

DATE

9/16/21

Invoice
91853



PATIENT

Bella Rina Baker

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

11 years

WEIGHT

7 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Willakenzie AC

REFERRING VET

Dr. Whalen

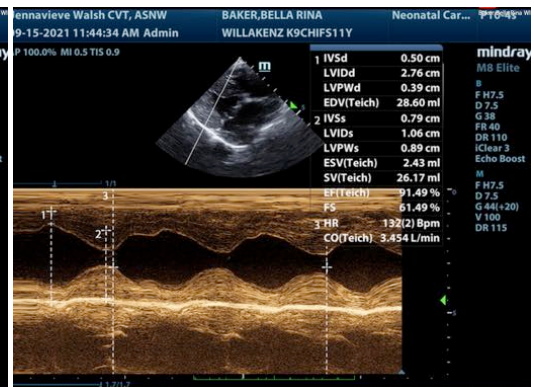
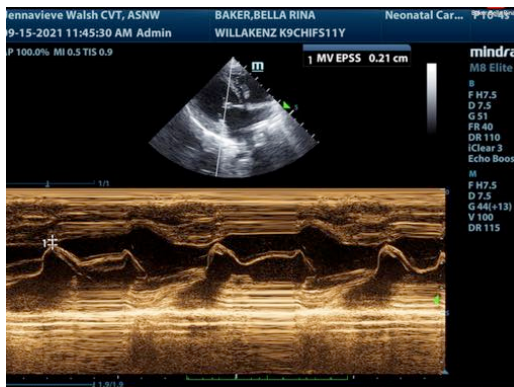
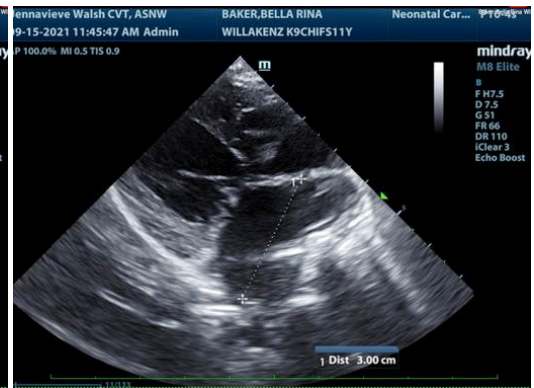
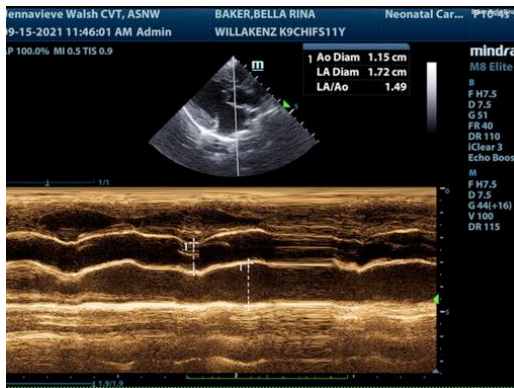
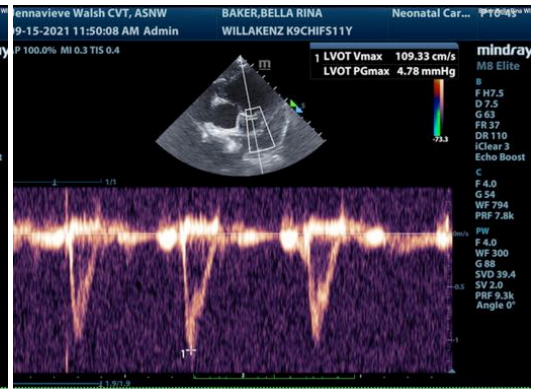
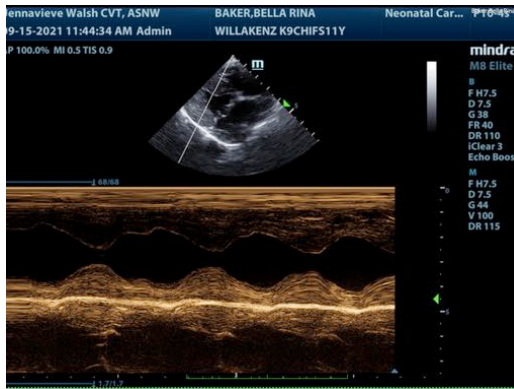
DATE

9/16/21

Invoice
91853

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left atrial enlargement is best represented in the LA max position in this patient. I recommend adding Pimobendan to the current protocol at 0.3 mg/kg b.i.d. Ace inhibitor can be considered if any systemic hypertension is present i.e. systolic pressure > 160. Recheck echocardiogram is recommended in 3 months or earlier if murmur grade increases or clinical signs initiate.





PATIENT

Bella Rina Baker

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

11 years

WEIGHT

7 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Willakenzie AC

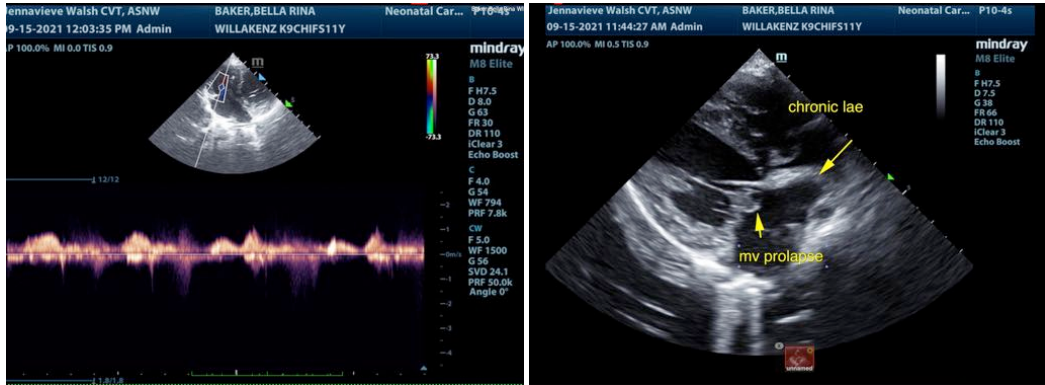
REFERRING VET

Dr. Whalen

DATE

9/16/21

Invoice
91853



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