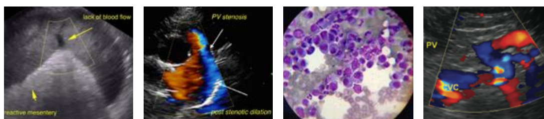




**PATIENT**

Mojo Jojo Fenton

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

6.06 lbs

**INTERPRETED BY**

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Willakenzie AC

**REFERRING VET**

Dr. DeWall

**DATE**

9/9/22

**Invoice**

32827

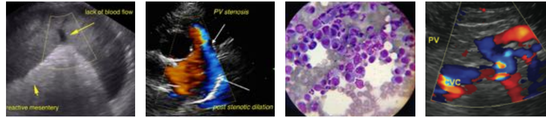
## PRESENTING CLINICAL SIGNS

History: Cough r/o cardiac vs. pulmonary (collapsing trachea vs. bronchitis vs. neoplasia) Severe dental disease Radiographs: round enlarged heart, collapsing trachea, opacity at hilus Start on Tussigon to help with cough Current Medications Hydrocodone/homatropine 5mg/1.5mg/5ml SIG 0.7 po q 8 hours as needed for cough

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The **echocardiogram** presented a prominent **right heart** with mild **right ventricular** hypertrophy, without significant **tricuspid** regurgitation, and normal **right atrial** size. No evidence of neoplasia was noted in the right auricle, or elsewhere in the heart. The **pulmonary artery** was uniformly prominent with mildly depressed pulmonic velocity measured on PW Doppler. No overt heartworms were noted in the main or visible deep pulmonary arteries. Yet, theoretically heartworms could be present in the deep pulmonary vasculature out of visible sonographic range. More likely, however, this prominent right heart is due to excessive intra-thoracic pressures caused by chronic respiratory disease or potentially excessive intra-thoracic fat (Pickiwickian syndrome). The **left atrial** is enlarged in 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 in this patient. Doppler indicated measurable insufficiency. Aortic insufficiency was also noted at 5.5 m/sec.

| 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 | 6.0 | 1.5 | NM | 1.69 | 55 | 87 | 0.12 |
| **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 | 169 | 1.3 | 0.97 | 6.06 lbs | 3.0 | 2.51 | |





**PATIENT**

Mojo Jojo Fenton

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

6.06 lbs

**INTERPRETED BY**

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Willakenzie AC

**REFERRING VET**

Dr. DeWall

**DATE**

9/9/22

**Invoice**

32827

## ULTRASONOGRAPHIC FINDINGS

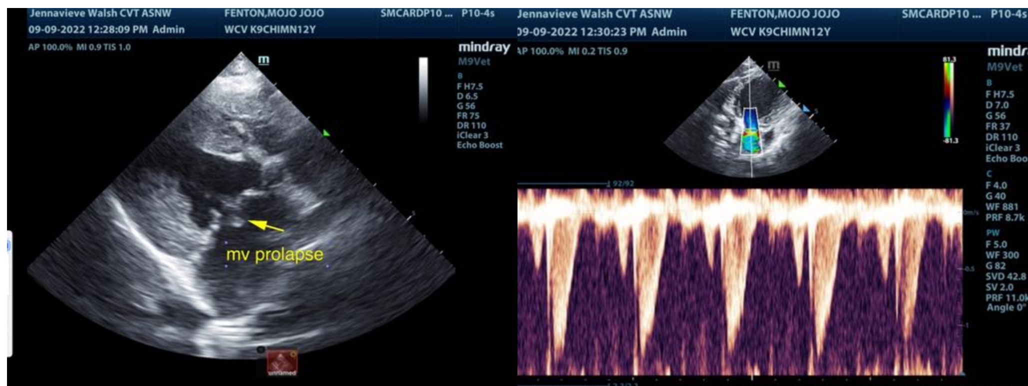
Mitral and aortic insufficiency.

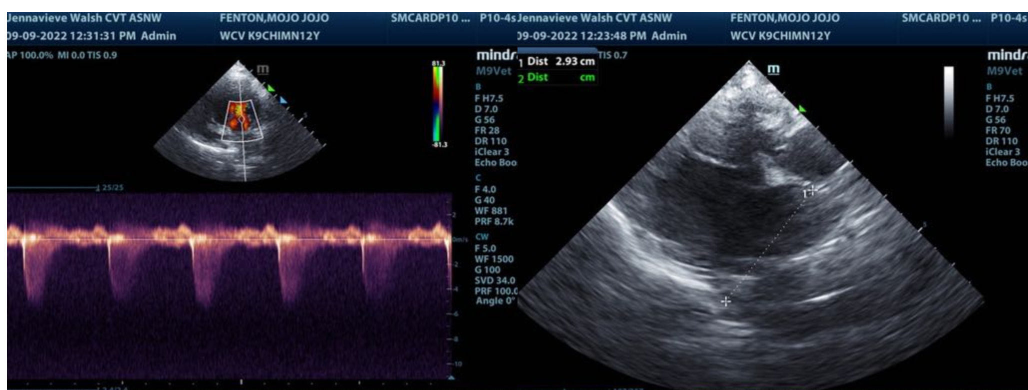
Minor tricuspid insufficiency, not clinically significant.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cardiogenic and respiratory causes are likely contributing to the clinical signs. Underlying systemic hypertension may also be an issue. Blood pressure measurements are recommended. I recommend initiating Pimobendan at 0.3 mg/kg b.i.d. as well as continuing the current protocol. Treatment for systemic hypertension is warranted as well. There was no evidence of pulmonary hypertension.

The heart has some volume overload and is working to compensate for the valvular insufficiency. Target respiratory rate is < 20 resp/minute after therapy. After initiating therapy, I recommend recheck on the clinical exam, BUN, Creatinine, USG, Chest radiographs & Blood pressure in 5-7 days. Recheck echo in 1 month. Earlier if clinical decompensation is occurring. I do not recommend anesthesia at this time until stabilization has occurred on the recommended medications. Repeat preanesthetic echo is ideal if anesthesia is eventually necessary



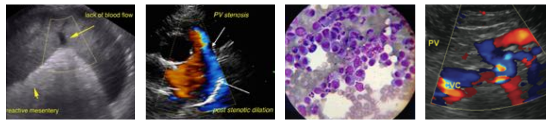



# SonoPath

*Clinical Sonography & Telecytology*

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW

MOBILE VETERINARY ULTRASOUND

IMAGING PERFORMED BY

AnimalSoundsNW.com 541-357-9423

**PATIENT**

Mojo Jojo Fenton

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

6.06 lbs

**INTERPRETED BY**

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Willakenzie AC

**REFERRING VET**

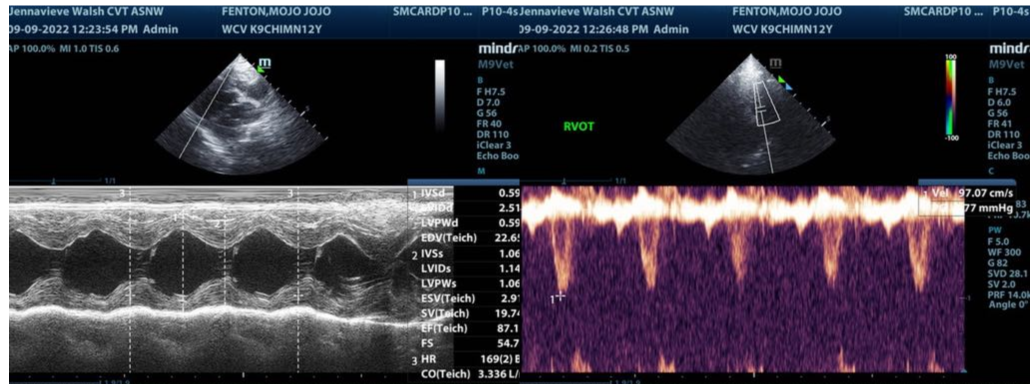
Dr. DeWall

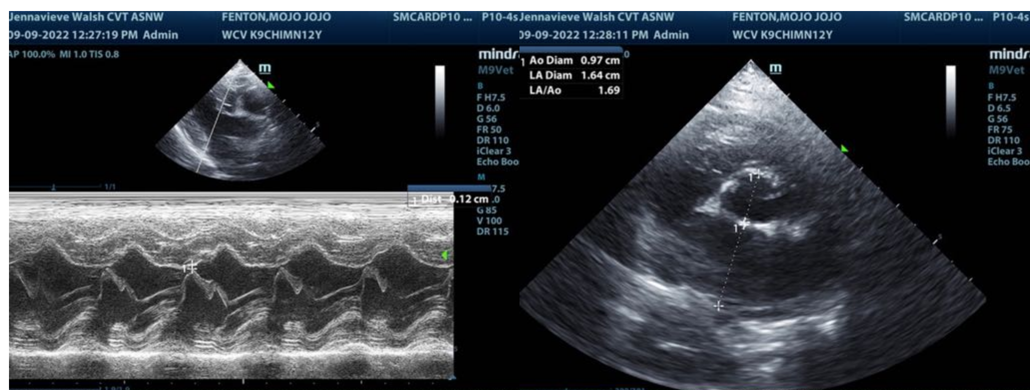
**DATE**

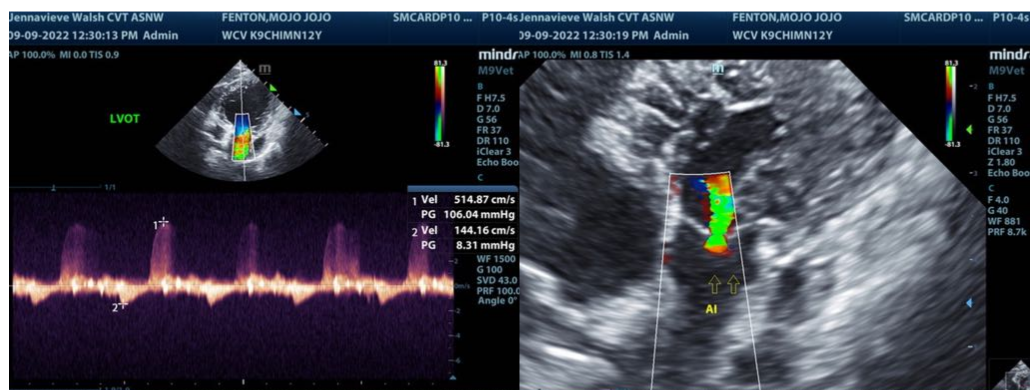
9/9/22

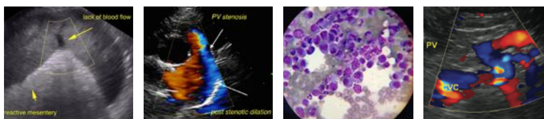
**Invoice**

32827

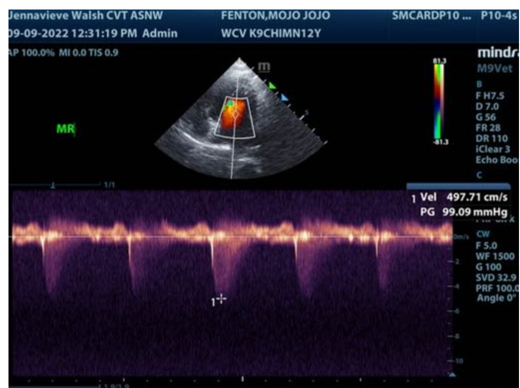









**PATIENT**

Mojo Jojo Fenton

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

6.06 lbs

**INTERPRETED BY**

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Willakenzie AC

**REFERRING VET**

Dr. DeWall

**DATE**

9/9/22

**Invoice**

32827

**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

Eric.Lindquist@SonoPath.com