


**PATIENT PRESENTING CLINICAL SIGNS**

Coco Dietrich murmur heard, grade not given, coughing and gagging recently

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

Canine

**BREED**

Pekingese

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

12.4 lbs

**INTERPRETED BY**

 Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Millen Road AH

**REFERRING VET**

Dr. Sandhu

**INVOICE**

95599

**DATE**

1/28/22

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. 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 at 2.8. 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	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
<b>CARDIAC PARAMETERS</b>	<b>VMAX</b> (m/s)	<b>VMAX</b> (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>	5.05	2.8	2.0	2.8	39	70	0.1
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
<b>CARDIAC PARAMETERS</b>	(BPM)	<b>VMAX</b> (m/s)	<b>MAX</b> (m/s)	(kg)	2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	145		0.91	12.4 lbs	5.7	3.31	

**ULTRASONOGRAPHIC FINDINGS**

Mitral and tricuspid insufficiency. Mitral valve prolapse.

Severe left atrial enlargement.

Stage C1 valvular disease. Ruptured chordae tendineae is likely the cause of recent onset.



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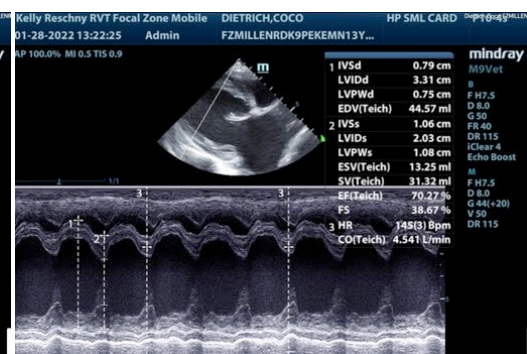
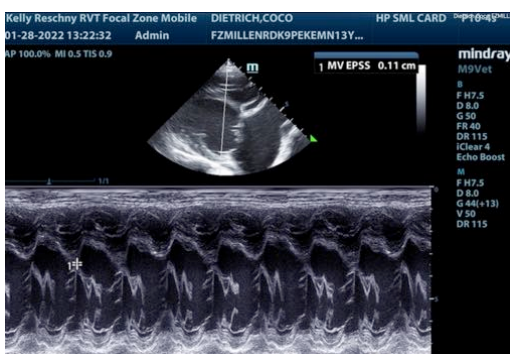
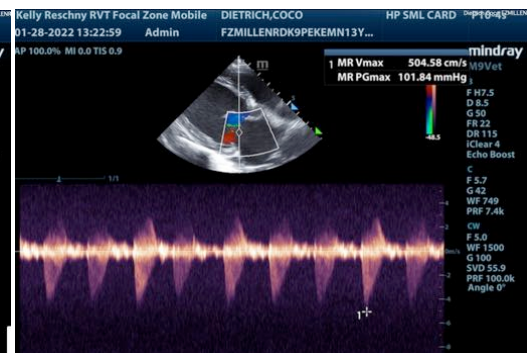
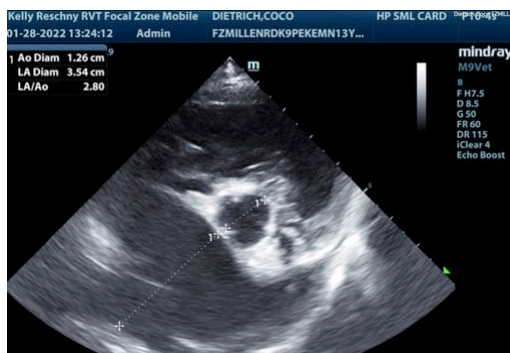
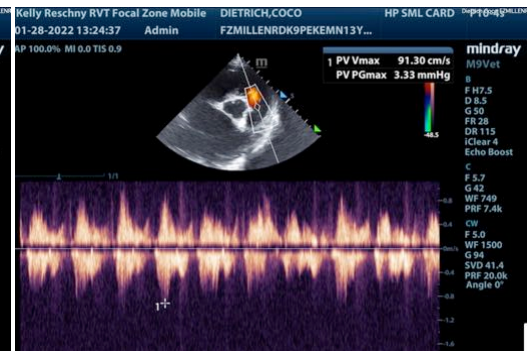
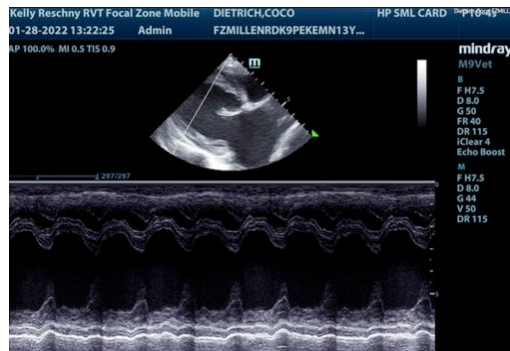
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient is at risk for sudden death. I recommend cage rest, oxygen therapy if necessary. Quadro therapy with Lasix at 2-4 mg/kg b.i.d., Pimobendan at 0.3 mg/kg b.i.d., ace inhibitor at 0.5 mg/kg s.i.d. progressing to b.i.d. and Spironolactone at 1-2 mg/kg b.i.d. Prognosis is guarded to poor long term depending on response to therapy.

B2/C1: The heart is in a somewhat precarious state with volume overload and a heart that 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 pre-anesthetic echo is ideal if anesthesia is eventually necessary.





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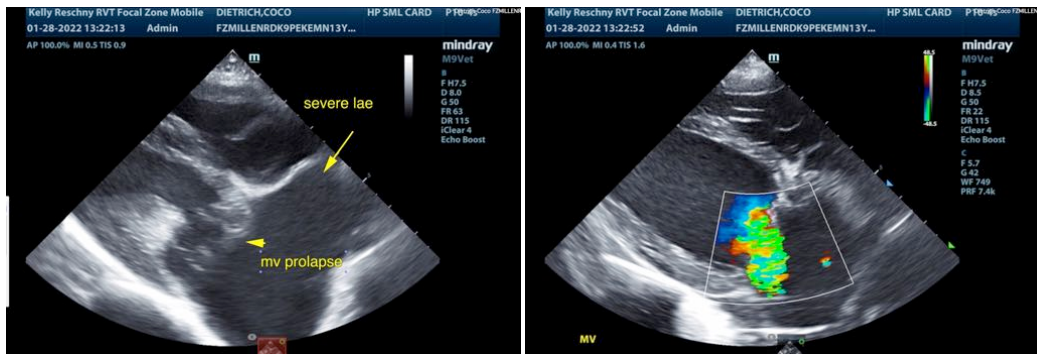
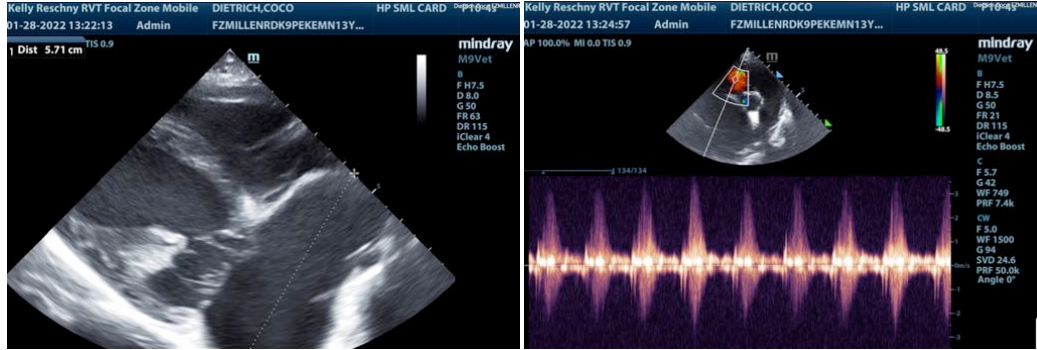
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
Eric.Lindquist@SonoPath.com