



PATIENT PRESENTING CLINICAL SIGNS

Prince Baraniecki History: Chronic coughing and high grade HM.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

7 years

WEIGHT

8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

North Jersey AH

REFERRING VET

Dr. McConnell

INVOICE

43246

DATE

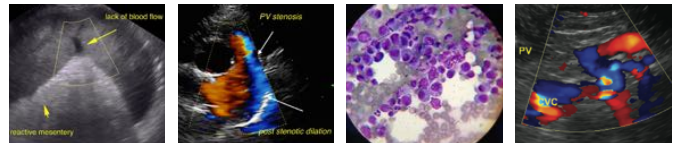
3/13/23

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 normal 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 3.5 m/sec 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. The hepatic veins were not dilated.

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.35	3.5	1.84	2.14	56	88	0.2
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	151	1.3	0.67	8 lbs	2.6	2.46	

ULTRASONOGRAPHIC FINDINGS

Stage B2 valvular disease.
Mitral insufficiency.
Left atrial enlargement.
Tricuspid insufficiency.
Mild early pulmonary hypertension.



PATIENT

Prince Baraniecki

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

7 years

WEIGHT

8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

North Jersey AH

REFERRING VET

Dr. McConnell

INVOICE

43246

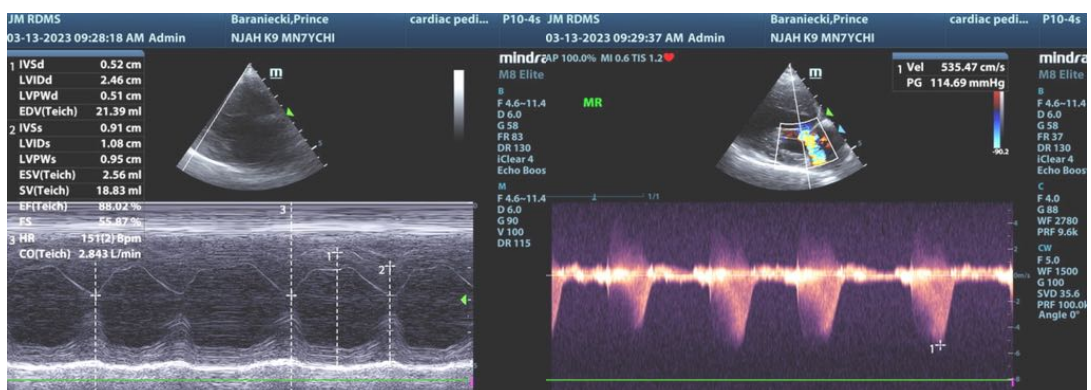
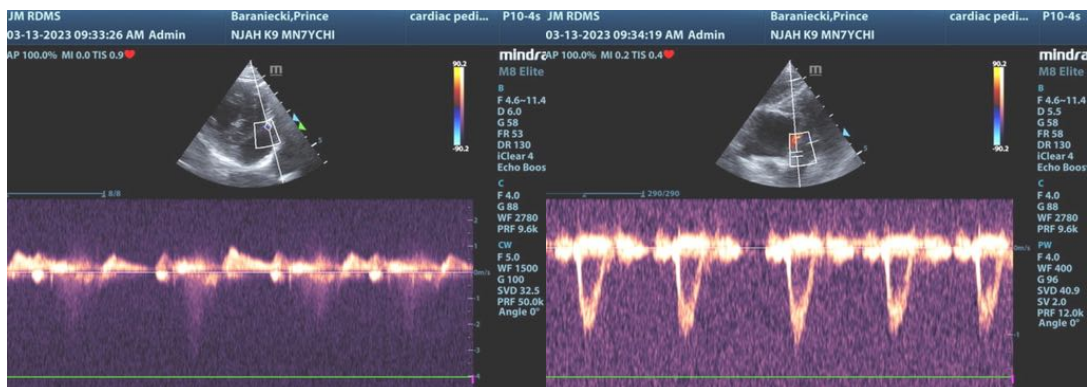
DATE

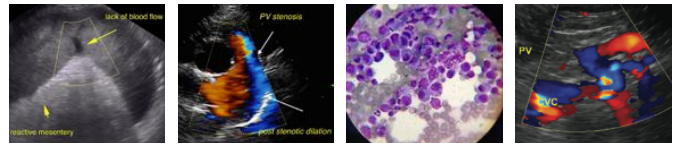
3/13/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cough could be justified from a cardiac standpoint if the mainstem bronchus is impinged upon by the left atrial enlargement. However, primary respiratory disease may also be playing a role as the left atrial size is only mildly dilated. Pimobendan can be justified at 0.3 mg/kg b.i.d. If systolic pressure is > 160 then ace inhibitor can be considered. Low-dose Lasix trial can also be considered. A recheck echocardiogram is recommended in 3-6 if clinical signs persist. A more aggressive cardiac protocol may be necessary. No treatment of pulmonary hypertension is recommended at this time.

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





PATIENT

Prince Baraniecki

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

7 years

WEIGHT

8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

North Jersey AH

REFERRING VET

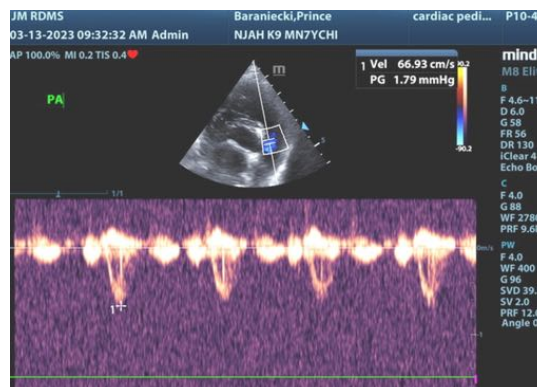
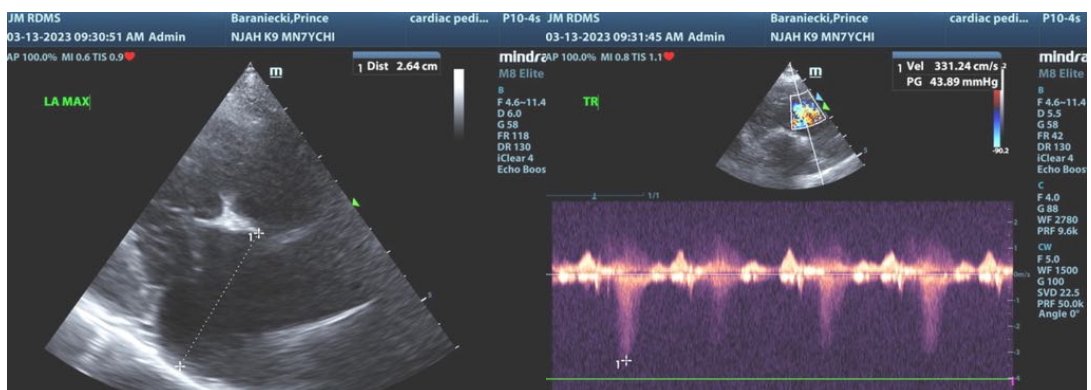
Dr. McConnell

INVOICE

43246

DATE

3/13/23



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
Info@SonoPath.com