

PATIENT PRESENTING CLINICAL SIGNS

Bella Silvero History: Pre-anesthetic CUS (severe PDDZ) needs dental. Grade IV/VI systolic murmur. Hx of Hyperthyroidism (un-treated). No current meds. ICa 1.52 (1.45 H); PTH 14.7 (10.6 H)-11/22/2021. Mild ALT/ALKP elevations. U/A-USG 1.018, Protein 3+ (11/13/2021)

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Spayed Female

AGE

7 years

WEIGHT

15.1 lbs

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. There was slight prolapse of the anterior mitral valve leaflet 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 with moderate filling of the right atrium. 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 (p 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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Budd Lake AH

REFERRING VET

Dr. Horn

INVOICE

31372

DATE

6/30/22

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC	VMAX	VMAX	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
PARAMETERS	(m/s)	(m/s)					
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT	5.6	3.5	NM	1.9	39	71	NM
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC	(BPM)	VMAX	MAX		2D short axis Base view	Avg; 2D and m-mode short axis	Avg; 2D and m-mode short axis
PARAMETERS		(m/s)	(m/s)		(cm)	(cm)	(cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	150	1.01	0.81	15.1 lbs	3.78	2.74	



PATIENT

Bella Silvero

ULTRASONOGRAPHIC FINDINGS

Stage B2 valvular disease.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is some anesthetic risk in this patient. I recommend blood pressure measurements. If the systolic pressure is >160, then ace inhibitor is indicated. Pimobendan at 0.3 mg/kg b.i.d. is recommended.

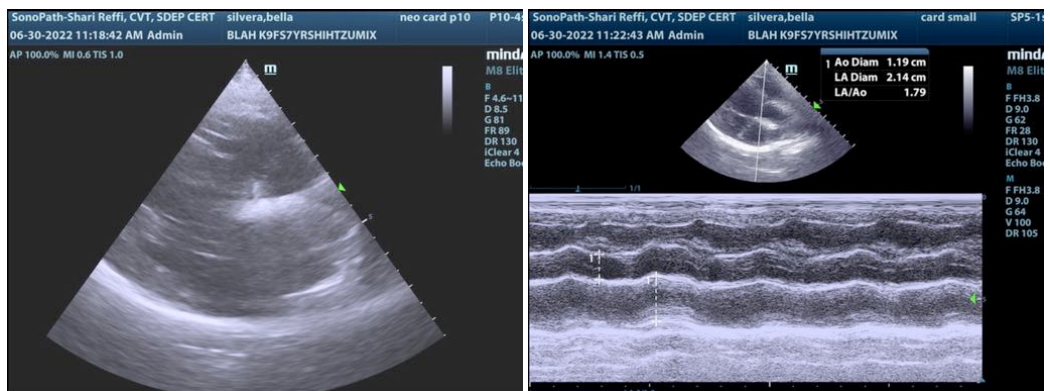
BREED

Shih Tzu Mix

Recheck respiratory rate, chest radiographs, blood pressure, BUN and creatinine and urine specific gravity in a week ideally prior to anesthesia. When anesthesia is to be utilized Torbutrol pre med, Propofol induction and Isoflurane maintenance is recommended.

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Spayed Female



AGE

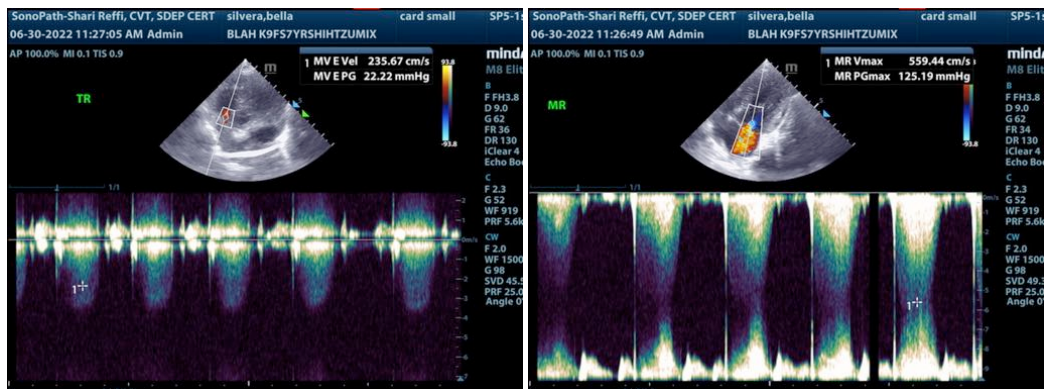
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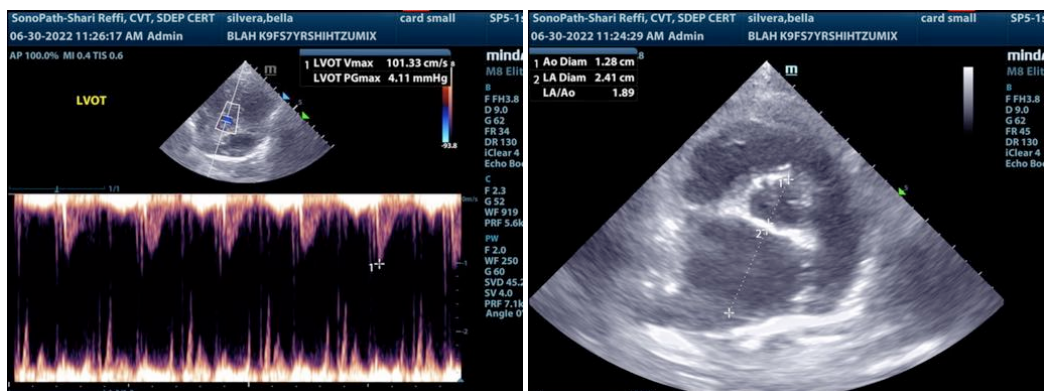


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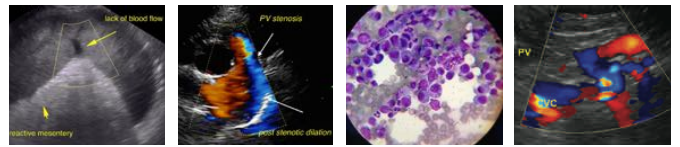
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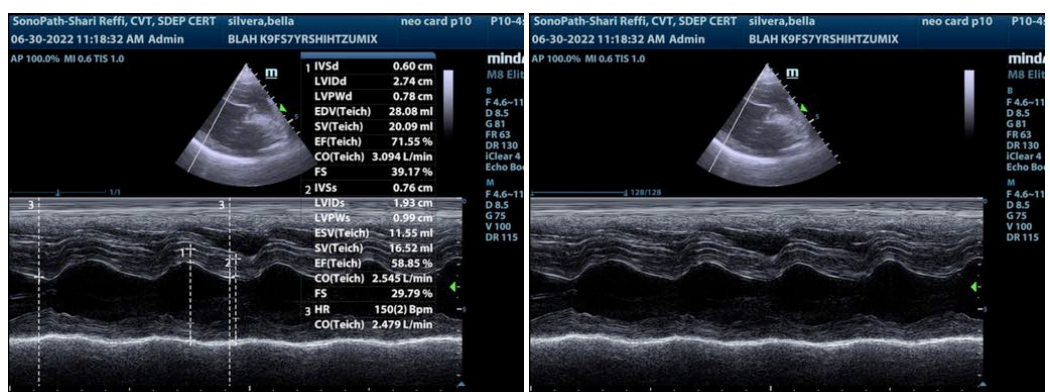
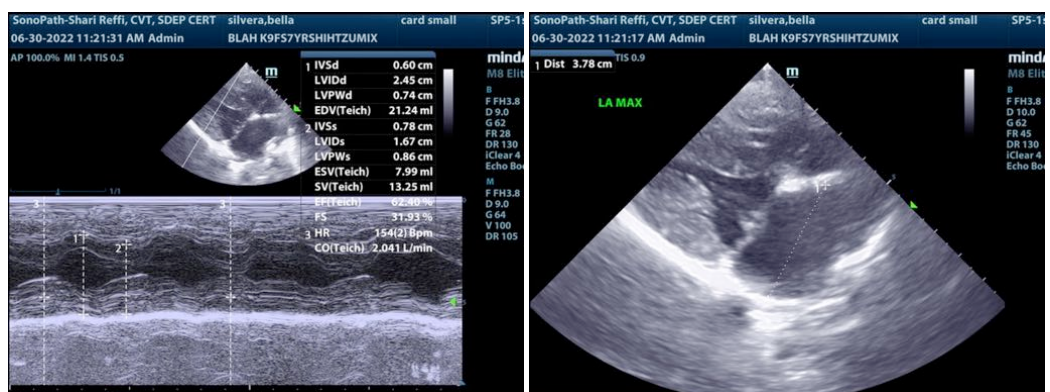
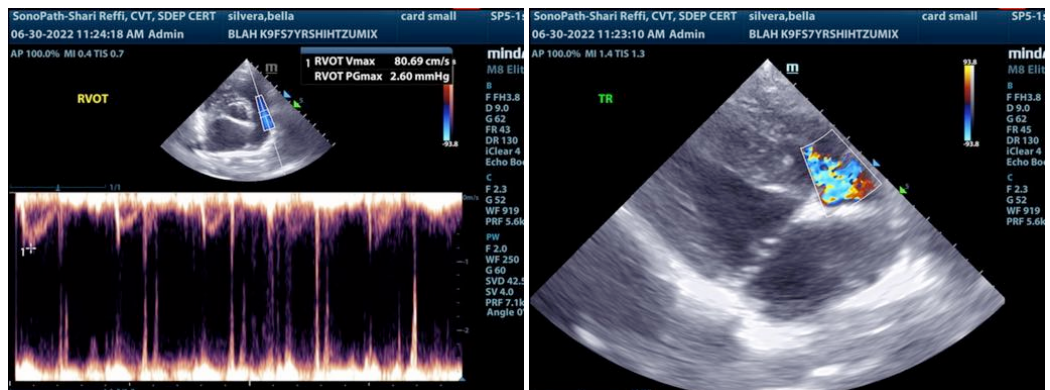
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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