


**PATIENT PRESENTING CLINICAL SIGNS**

Tete Dougherty History: recheck echo. Started meds on 6/21/22. Please assess anesthetic risk. On pimobendan 2.5mg bid, benazapril 2.5 mg sid, spirinolactone 12.5 mg bid

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Intact male

**AGE**

14 years

**WEIGHT**

20 lbs

**INTERPRETED BY**

 Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden, RVT

**HOSPITAL NAME**

Blairstown AH

**REFERRING VET**

Dr. Harker

**INVOICE**

31485

**DATE**

7/5/22

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

Cardiac presentation in this patient presented mild chronic left atrial enlargement, which has improved compared to the prior sonogram. Two of the three LA measurement parameters are normal. Contractility and internal diameters in the other chambers were normal. Mitral insufficiency is persistent with prolapse. Moderate to complete filling of the left atrium was noted on color flow assessment. There was no pericardial or pleural effusion. Occasional arrhythmia was noted during the exam.

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	<1.3	28-40	40-100	<0.6
PATIENT	6.28	2.2	1.3	1.33	37	68	0.38
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				
PATIENT	115	1.22		20 lbs	2.53	3.74	

**ULTRASONOGRAPHIC FINDINGS**

The left ventricular internal diameter, contractility and LA max measurements are essentially the same with minor measurement variability. However, the other LA:AO parameters have improved.

Arrhythmia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend Torbutrol premed, Propofol induction, and Isoflurane maintenance. Given the valvular disease regardless of volume overload there is always mild anesthetic risk. However, I believe that the cardiac presentation is as stable as possible given the underlying pathology. Continuation of the current protocol is indicated. EKG is indicated and recommended at the time of the procedure. Minimal procedural time is recommended. A recheck echocardiogram is recommended in 6 months if the patient is stable.



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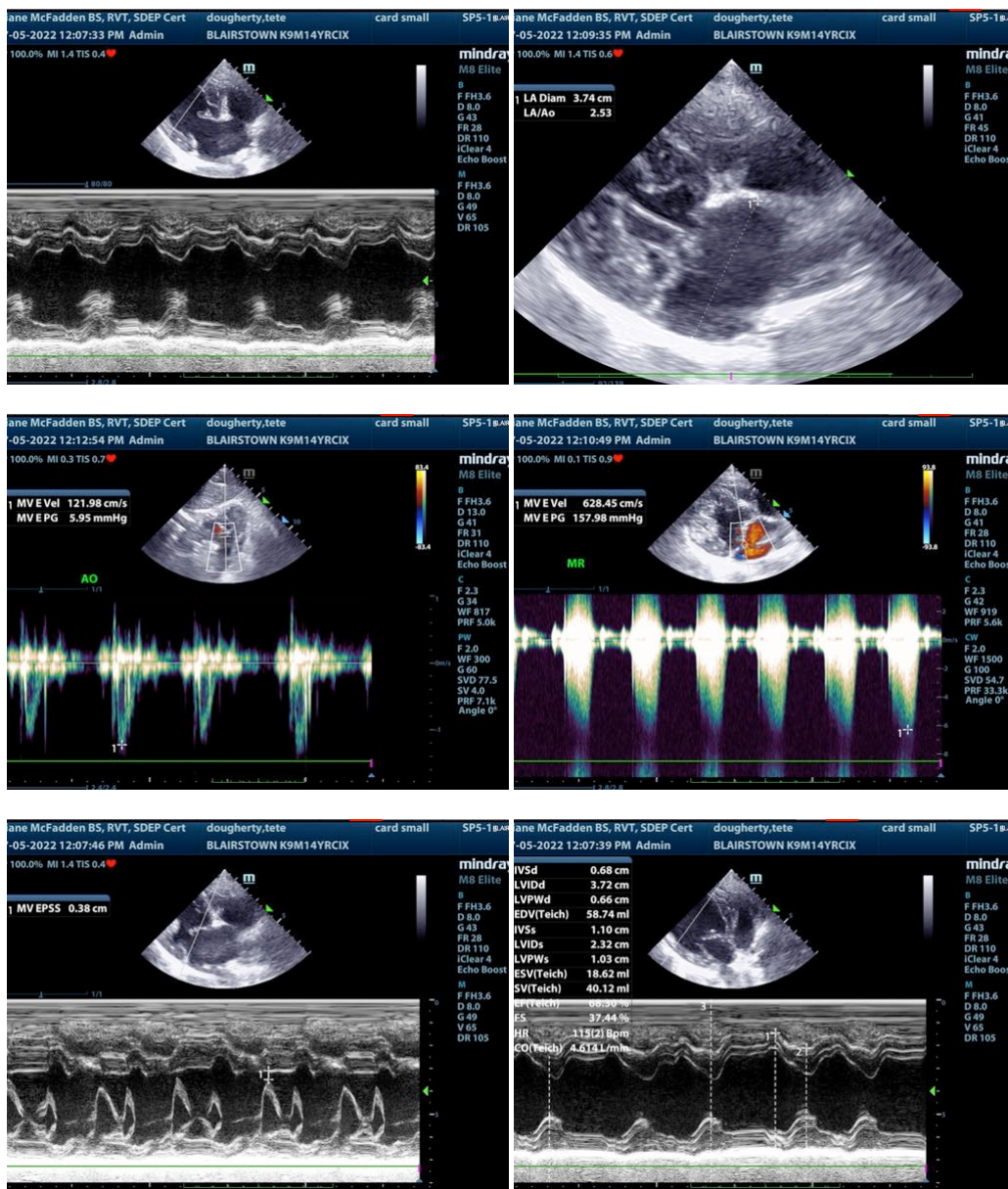
Dr. Harker

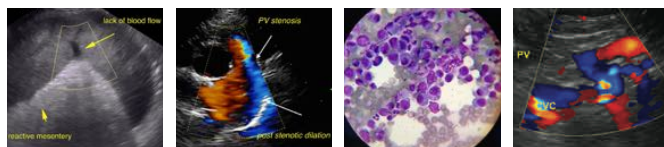
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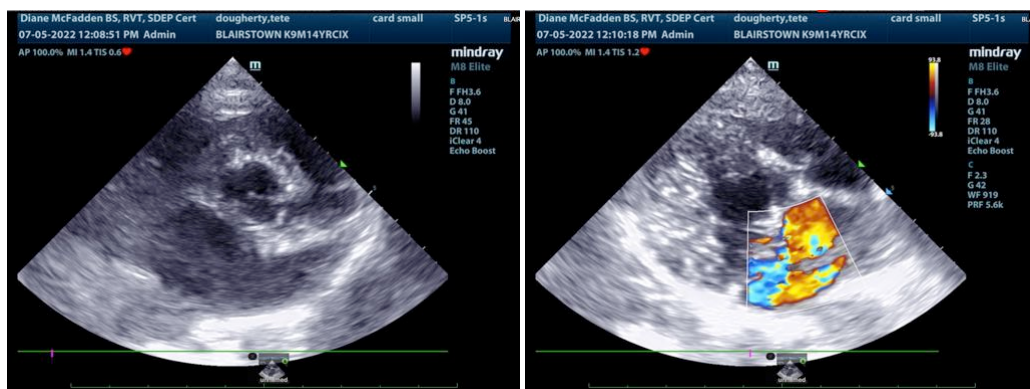
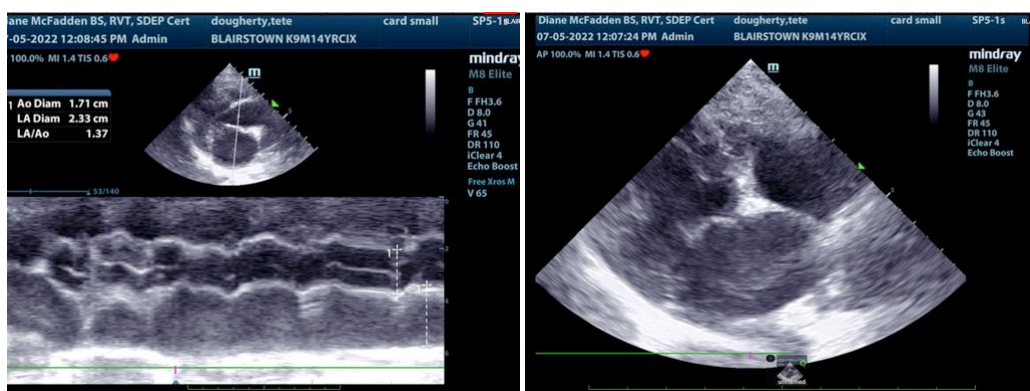
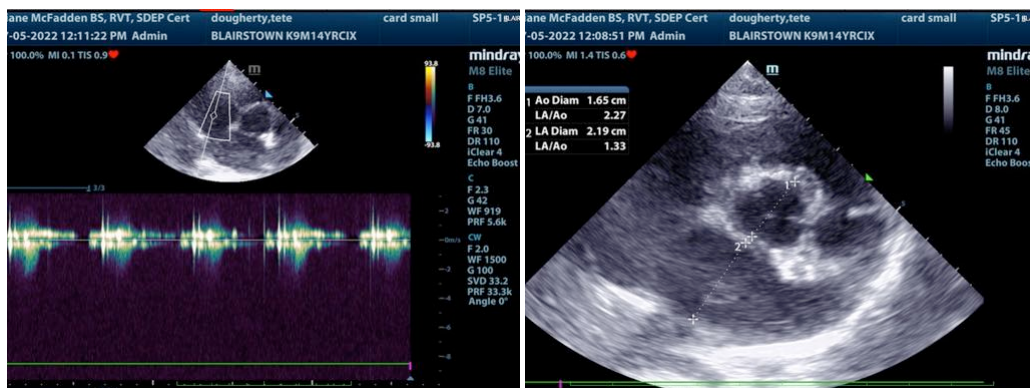
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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