



PATIENT

Fiona Kane

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed female

AGE

10 years

WEIGHT

8.6 lbs

PRESENTING CLINICAL SIGNS

History: History of heart murmur present > 8 months, grade 5/6; had pyometra surgery in May at VEG. Patient still has a cough. No current meds.

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. 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** valvular assessment demonstrated adequate linear morphology. 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.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS,
CEO of SonoPath.com

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Sova AH

REFERRING VET

Dr. Ammeraal

INVOICE

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DATE

7/7/23

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	6.0	3.1	1.4	2.0	34	65	0.1
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	153	1.29		8.6 lbs	3.36 max	2.66	



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ULTRASONOGRAPHIC FINDINGS

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Stage B2 valvular disease.

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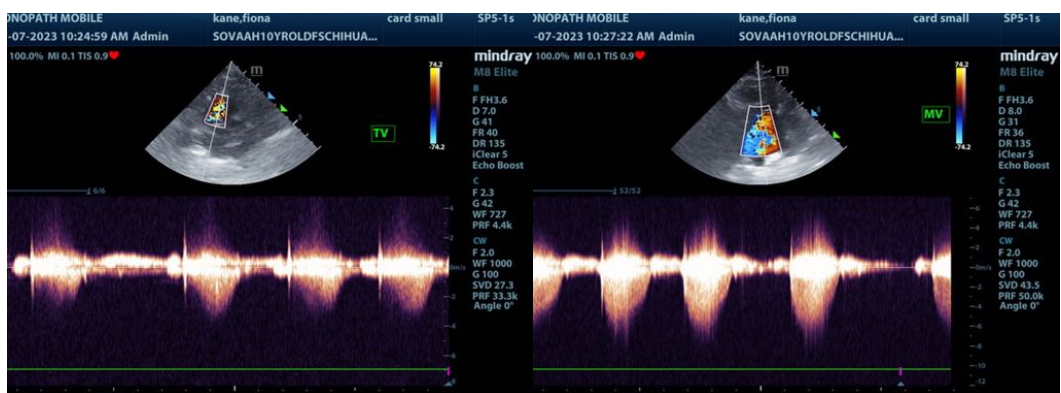
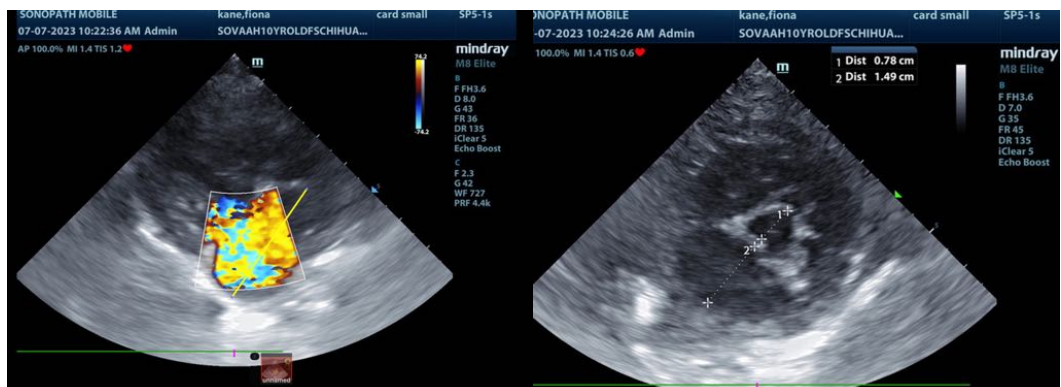
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is at moderate anesthetic risk. I recommend treatment and recheck echocardiogram over the next 2 weeks prior to anesthesia. Eventual anesthetic protocol would include Torbutrol pre med, Propofol induction and Isoflurane maintenance. The cough is likely mainstem bronchus impingement and should be based on radiographic findings. If left atrial enlargement is impinging upon the main stem bronchus then additional Pimobendan at 0.3 mg/kg b.i.d. and low dose Lasix protocol can be considered at 1-2 mg/kg b.i.d. +/- ace inhibitor at 0.5 mg/kg s.i.d. progressing to b.i.d. especially if hypertension is an issue. Recheck echocardiogram is recommended in 2 weeks. Cough suppressant is indicated.





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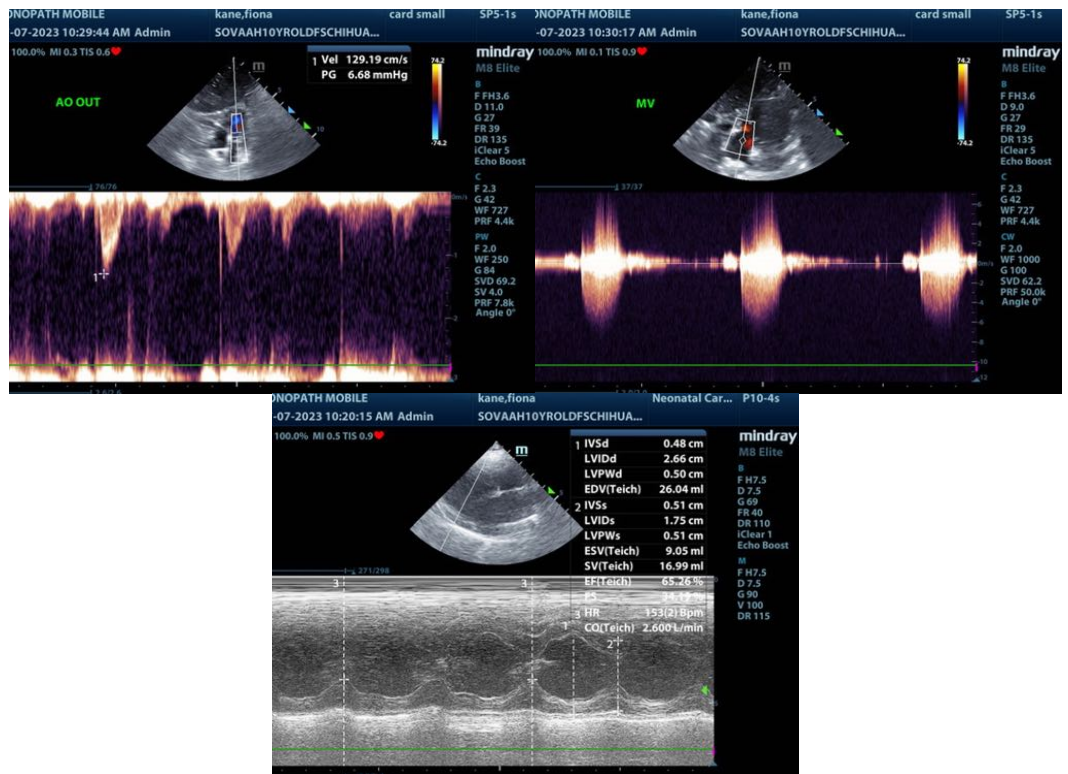
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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