



PATIENT PRESENTING CLINICAL SIGNS

Chico Fried
SPECIES Canine
BREED Chihuahua
SEX Neutered Male
AGE 11 Years
WEIGHT 5 Pounds

History: Coughing, trouble breathing, pneumonia. Hx of chronic bronchitis. LA enlargement on thoracic rads. Echo w/ SonoPath 8/31/2022-Cor Pulmonale w/minor MI. Current meds: Hycodan 5mg 1/4 tab, Pred 5mg sid (started 10/28/2022), Gabapentin 50mg/ml 0.25ml po q8h started 10/28/22 for limping.
 Abnormal PE/Chem/CBC/UA Results: wbc 19.75 (17H); Neu 17.97 (12.3 H); Glu 159 (125 H)

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	--	1.6	1.3	1.3	50	84.4	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	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	97	1.0	0.6	--	1.9	1.6	--

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP
 (Canine and Feline)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Kim

INVOICE

17944

DATE

11/3/22

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented moderate to variable thickening consistent with endocardiosis with mild prolapse of the septal leaflet. Doppler indicated mild eccentric 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. Normal measured LVOT velocity. The **right atrium** and auricle revealed mild prominent size compared to the left atrium with normal content. No evidence of masses. **Tricuspid** valvular assessment demonstrated concurrent thickening with mild TR on doppler. Mildly depressed RVOT velocity. **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.

Brief sonographic assessment of the cranial abdomen revealed no evidence of hepatic congestive criteria or cranial abdominal ascites. No evidence of arrhythmia.



PATIENT

Brief sonographic assessment of the lung revealed peripheral pulmonary comet tail artifact.

Chico Fried

ULTRASONOGRAPHIC FINDINGS

SPECIES

- Compensated chronic mitral valve disease with mild valvular prolapse, normal left atrium
- Previously noted mild cor pulmonale with mild TR- no evidence of clinical pulmonary hypertension or right heart failure

Canine

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chihuahua

Overall static cardiac presentation compared to the previous echo. Noncardiogenic cough appears to be present in this patient. No indication for cardiac medications. The pulmonary comet tail artifact is suggestive of potential microconsolidations within the lung field secondary to alveolar/lung disease, such as neoplasia, pneumonia, thromboembolic disease, chronic inflammatory disease or other. Continued respiratory support based on radiographs and clinical signs is recommended.

SEX

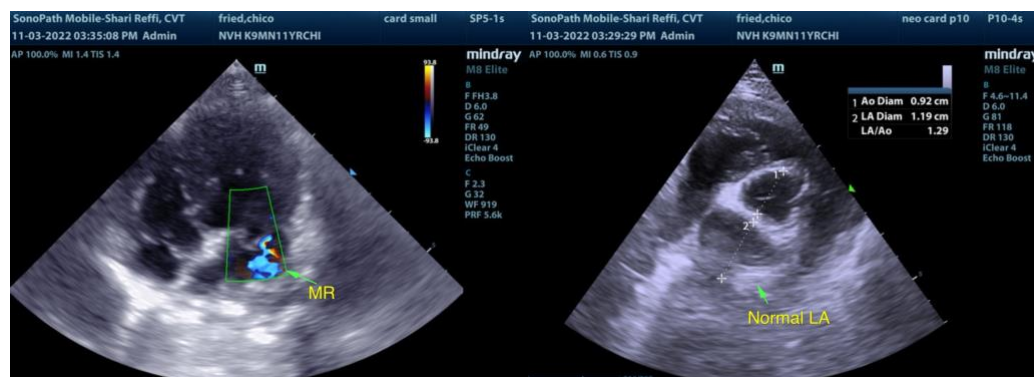
Neutered Male

AGE

11 Years

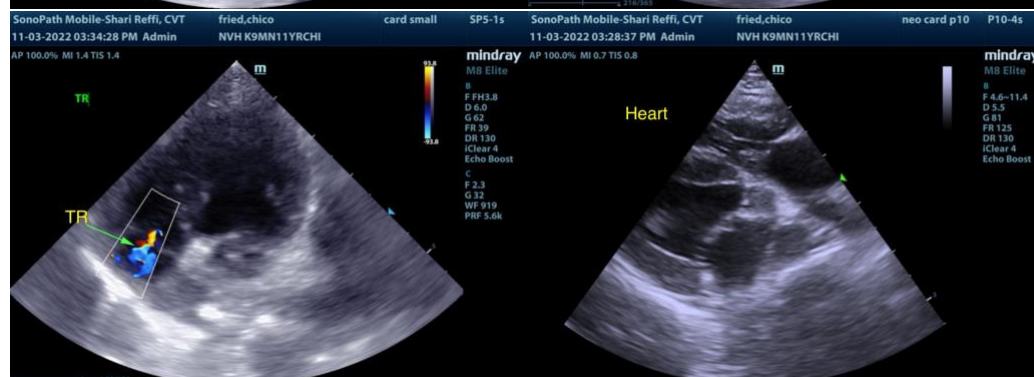
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The information and recommendations provided are based on the images provided by the



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referring veterinarian. 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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