


PATIENT

Sweet Pea Pastore

PRESENTING CLINICAL SIGNS

Episodes of collapsing. Adopted from a rescue, from the South. Started last week on Doxycycline, Enalapril and Pimobendan pending Echo.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: proBNP 2,200. HW Antigen Positive. RADS (attached): cardiomegaly, patchy bronchointerstitial pattern, prominent knob in 1 to 2 o'clock region on VD view.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED	CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
Chihuahua								
SEX	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
FS	PATIENT		2.2	1.1	1.4	51	85	0.2
AGE	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)
3yr								
WEIGHT	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
8lb	PATIENT	159	1.5	2.0		1.8	1.8	

INTERPRETED BY

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

Cardiac Presentation

The echocardiogram for this patient demonstrated mild increased RV with normal RV wall thickness. Mild tricuspid regurgitation on color Doppler with concurrent mild increased right atrial size compared to the left was present. No evidence of neoplasia was noted in the right auricle, or elsewhere in the heart. The pulmonary artery was uniformly prominent with mildly increased measured RVOT velocity. Moderate pulmonic insufficiency measuring 2.2 m/s in diastolic velocity was present on color Doppler. Definitive multiple heartworms are present in the main pulmonary artery as well as the visualized right main pulmonary artery and potential left main pulmonary artery. The left heart demonstrated a linear ventricular septum. Contractility was functionally adequate demonstrated by the FS% measurement. The mitral valve was not significantly insufficient, and no significant left atrial dilation was noted. The left ventricular outflow demonstrated normal flow patterns and velocities through the aortic valve. No evidence of tumor, pericardial or pleural effusion was noted. The visible extra-cardiac tissues were uniformly linear without evidence of masses, infiltrative or inflammatory mediastinal tissue. No evident arrhythmic activity was noted during the exam.

IMAGING PERFORMED BY

Karen Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Bennett

ULTRASONOGRAPHIC FINDINGS

- Heartworm disease
- Concurrent to secondary mild RA/RV enlargement-consistent with mild cor pulmonale
- Moderate pulmonic insufficiency-likely secondary to increased pulmonary pressure
- Mild TR
- Normal LA/LV

INVOICE

12441ag

DATE

12/15/2022



PATIENT

Sweet Pea Pastore

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

3yr

WEIGHT

8lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole

HOSPITAL NAME

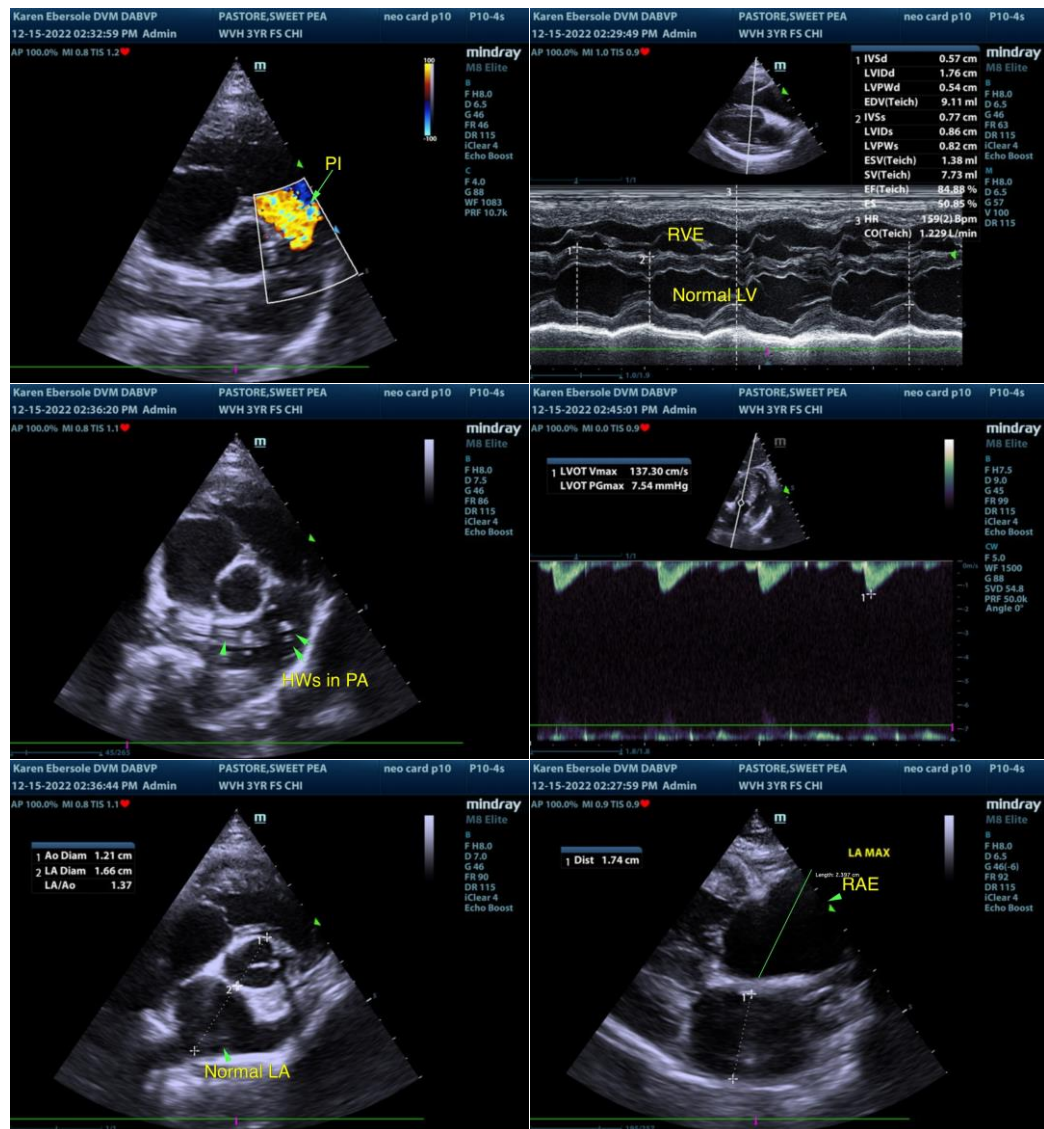
Scanvet

REFERRING VET

Dr. Bennett

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Confirmed heartworm disease in conjunction with heartworm testing is present. Subjectively, although evidence of mild RA/RV enlargement, no evidence of significant structural or functional cardiomyopathy or arrhythmogenic disease was present. No contraindication to heartworm therapy based on this study. Heartworm treatment guidelines recommended by the American Heartworm Association is suggested. Since assessment of heartworm burden can be difficult to assess, a guarded prognosis through treatment is indicated.



INVOICE

12441ag

DATE

12/15/2022



PATIENT

Sweet Pea Pastore

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

3yr

WEIGHT

8lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

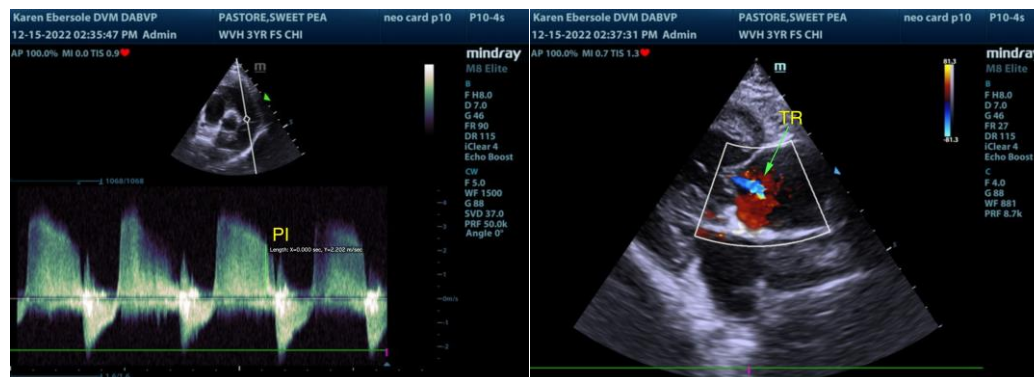
Dr. Bennett

INVOICE

12441ag

DATE

12/15/2022



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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com