

PATIENT

Jetta Vernon

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed Female

AGE

13 years

WEIGHT

15 lbs

PRESENTING CLINICAL SIGNS

History: murmur grade 3-4/6, loudest left side Previous HAC Current Medications Pimobendan flex tabs 3.75 mg 1/2 tab twice daily, Enalapril 5 mg 1 tab daily, L-thyroxine 0.1 mg 1 tab twice daily, furosemide 1/2 tab twice daily, Denamarin 1 tab SID, Gabapentin .3mg every 10 hrs

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. Prolapse of the anterior mitral valve leaflet was 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 at 3.0 m/sec. This is consistent with early pulmonary hypertension. 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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Pawsitive Wellness VC

REFERRING VET

Dr. Hardy

DATE

10/11/21

Invoice
92302

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	<1.6	28-40	40-100	<0.6
PATIENT	5.1	3.0	1.77	2.4			0.35
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		1.34	1.1	15 lbs	4.58 max		



PATIENT ULTRASONOGRAPHIC FINDINGS

Jetta Vernon Decompensating C1 valvular disease.

Early pulmonary hypertension.

SPECIES

Left atrial enlargement.

Canine

Mitral valve prolapse.

BREED

Miniature Schnauzer

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend proactive therapy for decompensating C1 valvular disease. Target respiratory rate is less than 20/minute. Continuation of Pimobendan, Furosemide, and Enacard is warranted. I recommend increasing Lasix and adding Spironolactone at 1-2 mg/kg b.i.d. Pimobendan can be increased to t.i.d. dosing if need be depending on response to initial therapy. The prognosis long term is guarded.

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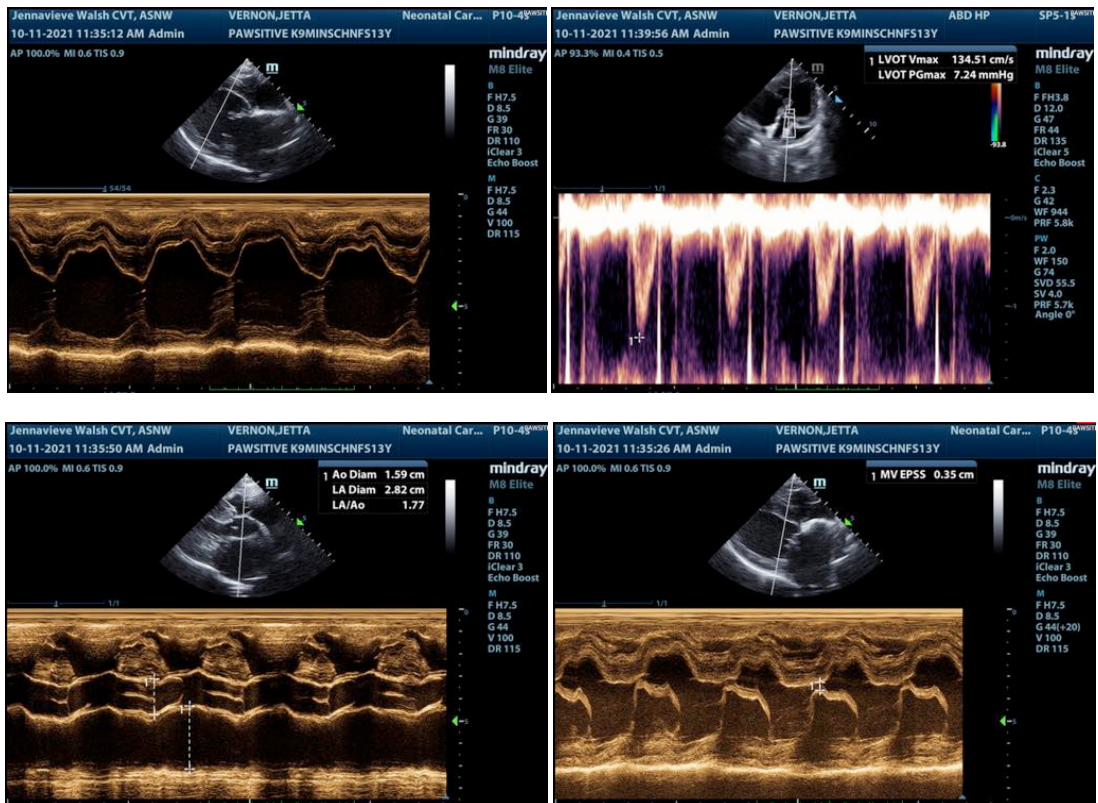
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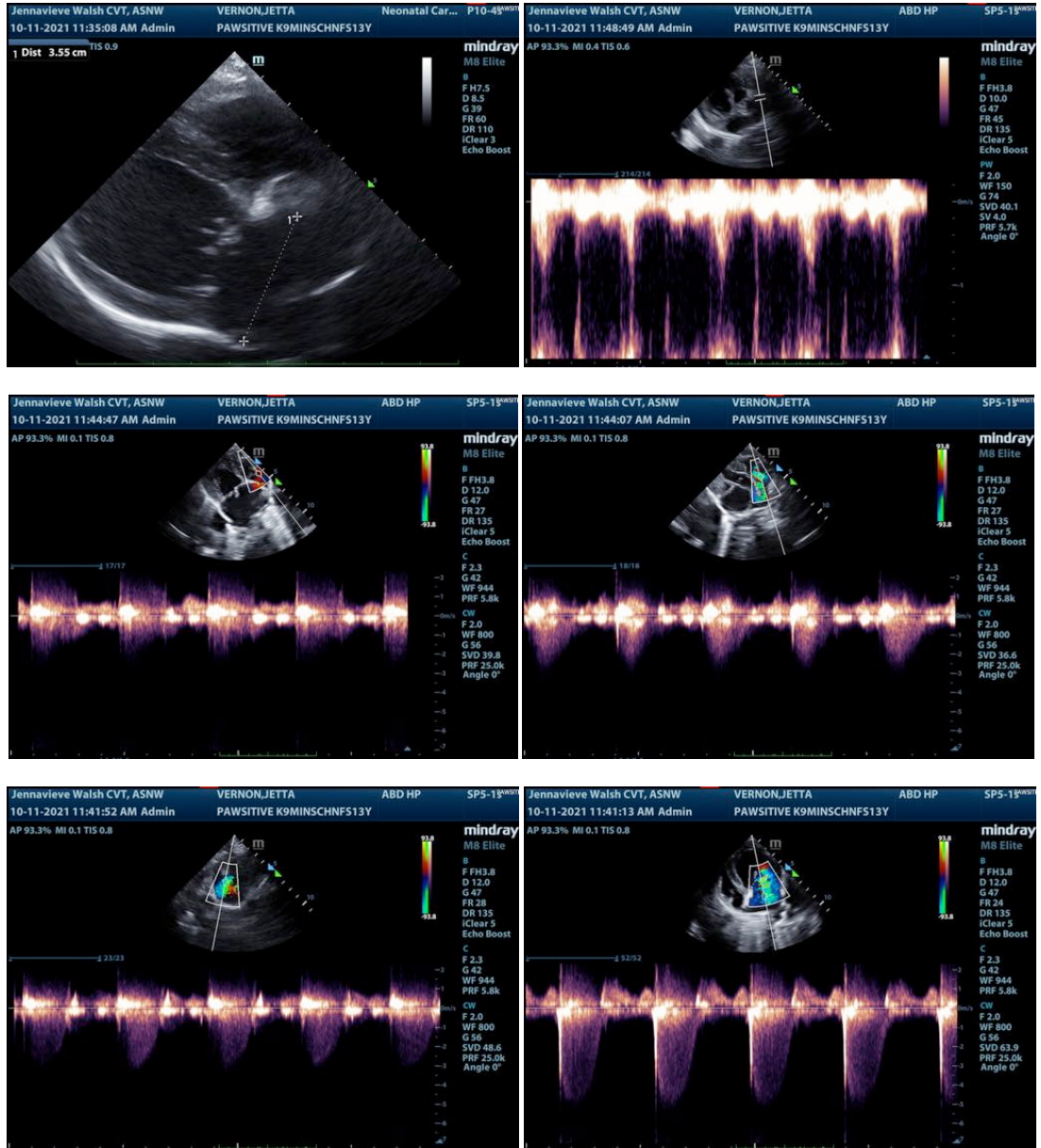
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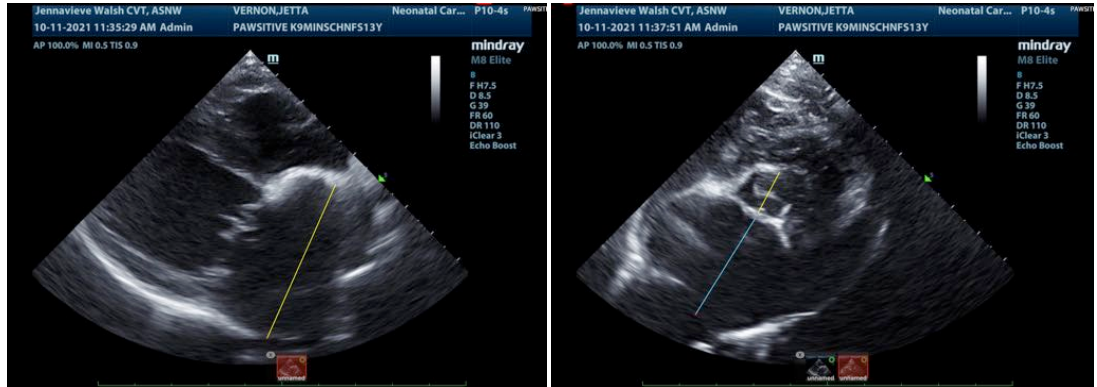
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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