



PATIENT

Snickers Forro

SPECIES

Canine

BREED

Cavachon

SEX

Spayed Female

AGE

13 Years

WEIGHT

19.7 Lbs.

PRESENTING CLINICAL SIGNS

History: Patient presents with CHF - 12/30/21; started meds: Lasix 2mgs/kg - 18.75 mgs; Pimo 3.75 mgs;; Enalapril 3.75 mgs. 9/29/20 - mod. MVR with mild left atrial dilation.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem: WNL.

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	<1.6	28-40	40-100	<0.6
PATIENT	5.5	--	NM	>2.5	33	63	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	BELOW	BELOW	BELOW	BELOW
PATIENT	113	1.27	.77	--	4.5	4.05	--

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Englewood Cliffs VH

REFERRING VET

Dr. Rachel Park

INVOICE

13362

DATE

1/10/22

Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements Chamber volumes and echogenicity were normal. Severe prolapsed anterior mitral valve leaflet 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 noted, minor. The **rightventricle** 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. Hepatic veins were dilated.

Lung rockets noted. Separate lung mass noted on radiographs.

ULTRASONOGRAPHIC FINDINGS



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- Severe mitral and tricuspid insufficiency noted with severe left atrial enlargement
- Severe mitral valve prolapse
- Stage D-1 valvular disease

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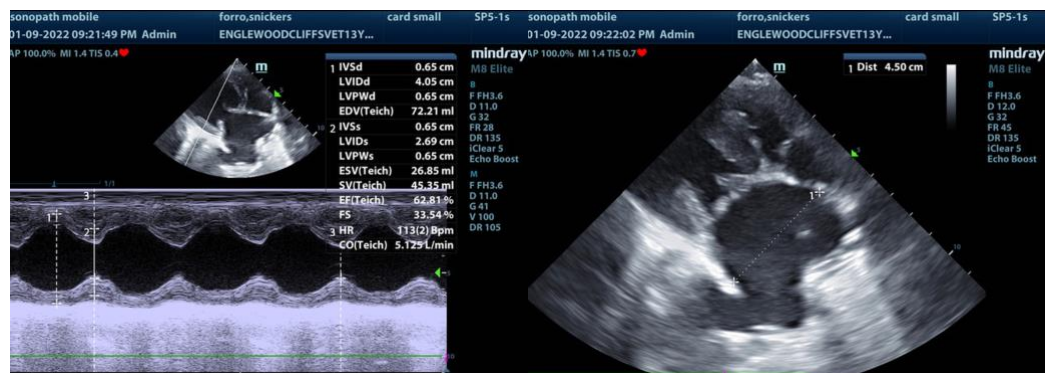
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac presentation would necessitate further treatment. Increasing Pimobendan to TID dosing, Lasix can be increased to 3-4 mg per kg BID, Spironolactone at 1-2 mg per kg BID and enalapril should be at BID dosing. Monitoring blood pressure, hydration and azotemia all important in this patient. However, concurrent lung neoplasia suspected. Prognosis is extremely guarded. The heart is in a somewhat precarious state with volume overload and a heart that is working to compensate for the valvular insufficiency. Target respiratory rate is < 20 resp/minute after therapy. After initiating therapy, I recommend recheck on the clinical exam, BUN, Creatinine, USG, Chest radiographs & Blood pressure in 5-7 days. Recheck echo in 1 month. Earlier if clinical decompensation is occurring. I do not recommend anesthesia at this time until stabilization has occurred on the recommended medications. Repeat preanesthetic echo is ideal if anesthesia is eventually necessary. The patient is at risk for sudden death. With the hepatic vein dilation in this patient, tricuspid insufficiency velocity is likely underestimated. Left and right sided heart failure.





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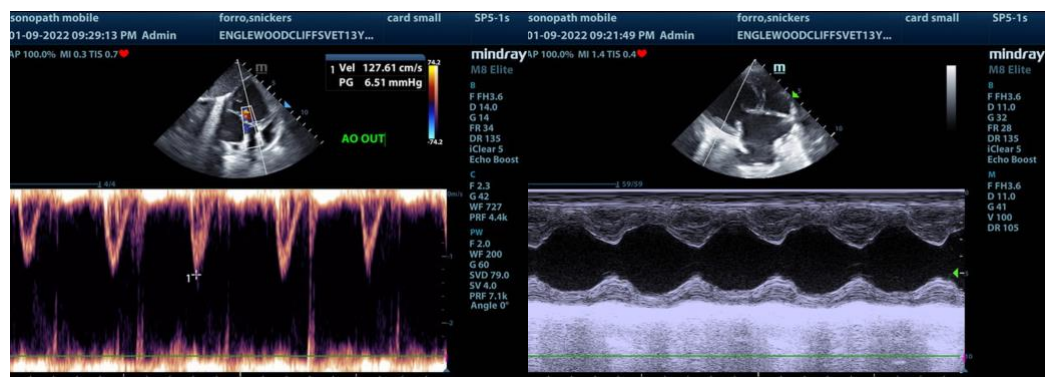
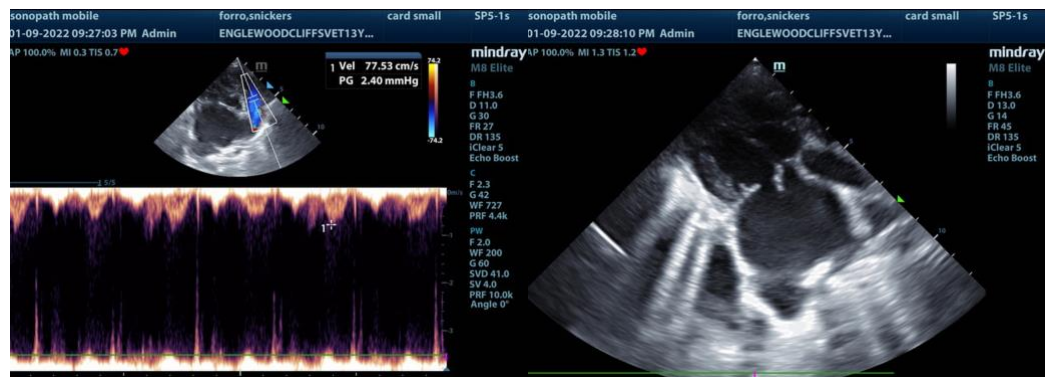
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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