



PATIENT PRESENTING CLINICAL SIGNS

Pico Areford
Grade 4/6 left systolic heart murmur first noted on routine exam in March 2021. P has lost 19 lbs since then, and O has noticed sleeping respiratory rate is often 50-60 breaths/min. P has always had a hacking cough, but is coughing more frequently recently. Current Medications Augmentin for infected cyst
SPECIES Abnormal PE/Chem/CBC/UA Results: HCT 62.43, globulins 2.2. Remainder of CBC/chem WNL. UA pending.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Dalmatian X

SEX

Neutered Male

AGE

10 Years

WEIGHT

66 Pounds

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	5.0	3.7	2.3	2.5	36	64	0.65
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	176	1.0	0.94		7.75	6.45	

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Powers

DATE

1/14/22

INVOICE

34225

Cardiac Presentation

The cardiac presentation revealed severe mitral and tricuspid insufficiencies with arrhythmogenic disease. Tricuspid insufficiency velocities consistent with moderate pulmonary hypertension. Severe volume overload noted in both atria and left ventricle. Contractility was subnormal and non-compensatory. Comet tail lung pattern noted in the peripheral lung fields. No pericardial or pleural effusion noted.

ULTRASONOGRAPHIC FINDINGS

- Stage D1 valvular disease with myocardial insufficiency and severe volume overload as well as arrhythmogenic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient is at high risk for sudden death. Recommend cage rest and quadrotherapy with Pimobendan 0.3 mg/kg BID, Lasix 3-4 mg/kg TID to BID, monitoring renal values and blood pressures, ACE inhibitor 0.5 mg/kg SID progressing to BID, and Spironolactone at 1-2 mg/kg BID. Target respiratory rate <20/minute. EKG warranted given the arrhythmia noted. This is likely owing to myocardial stretch. Taurine levels would be ideal, as well as assessment for grain-free diet given the myocardial insufficiency. However, this is likely secondary to chronic volume overload. Very guarded prognosis.



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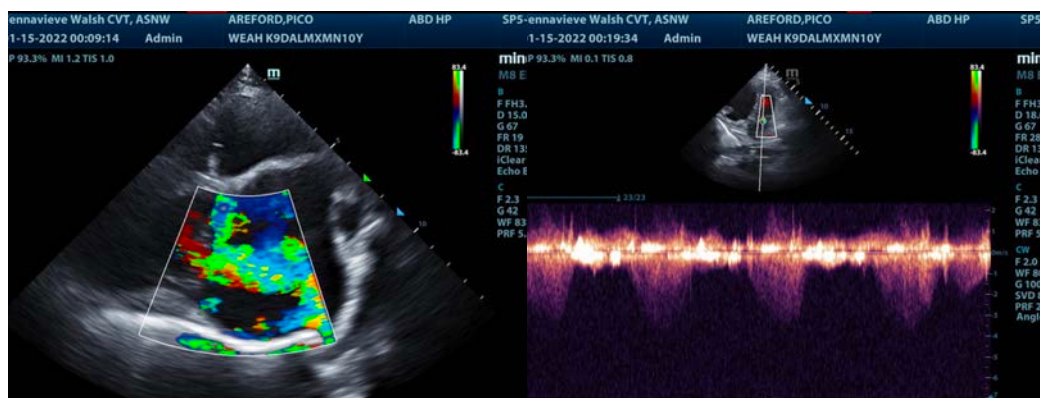
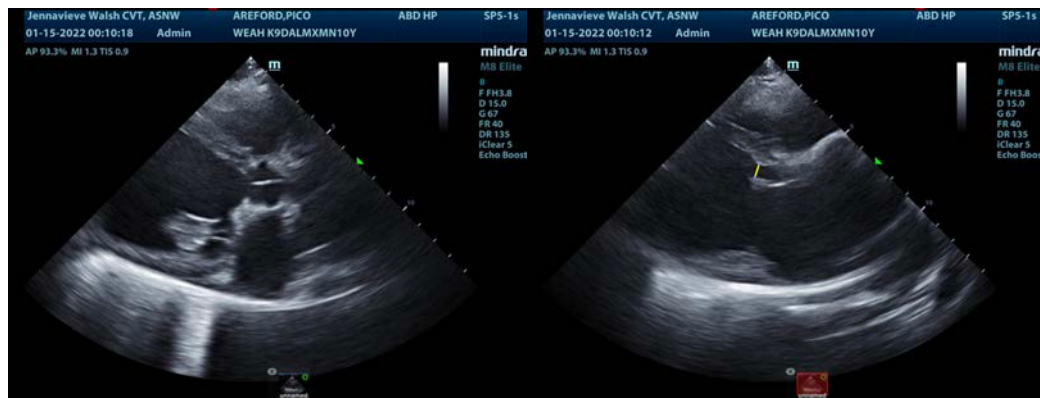
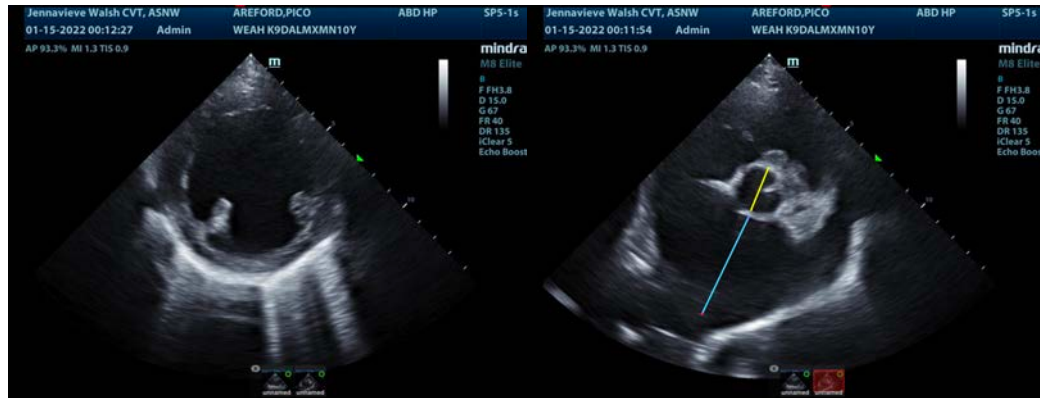
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C1: The heart is in a somewhat precarious state with volume overload and a heart that is working to compensate for the valvular insufficiency. Target respiratory rate is < 20 resp/minute after therapy. After initiating therapy, I recommend recheck 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.





PATIENT

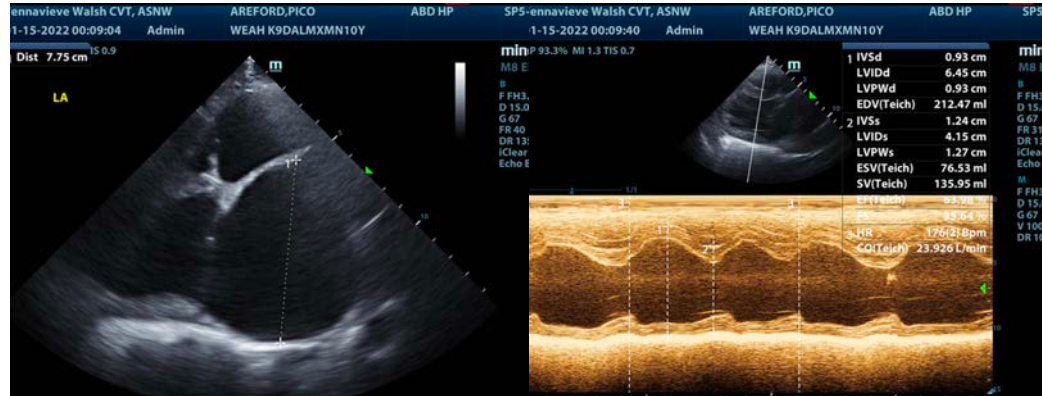
Pico Areford

SPECIES

Canine

BREED

Dalmatian X



SEX

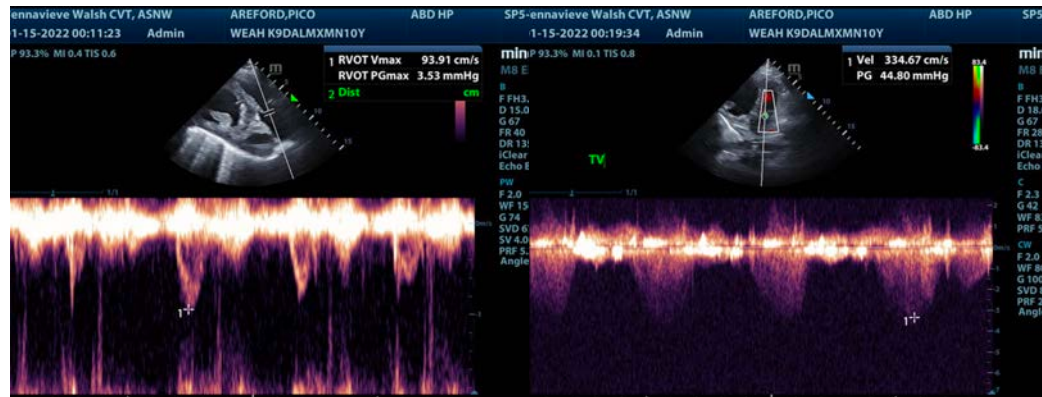
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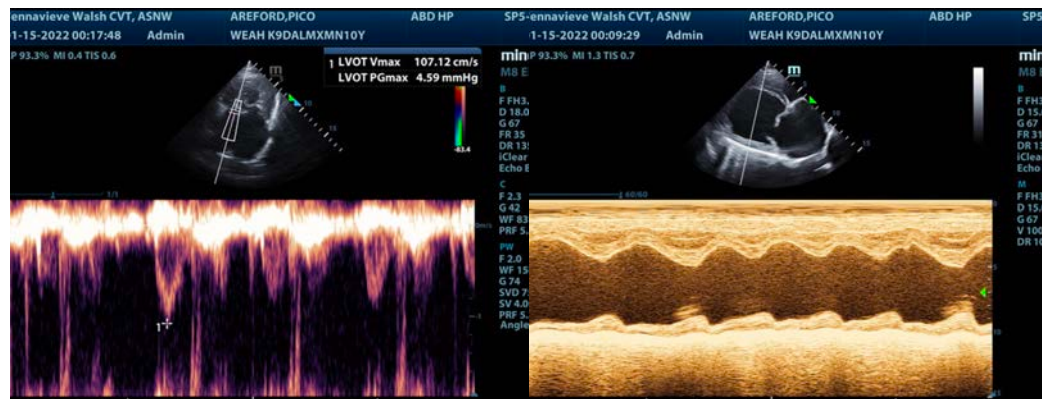
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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