

PATIENT PRESENTING CLINICAL SIGNS

Snoopy Butcher History: Grade 4/6 murmur L apex PMI, regular rhythm. Murmur worsening, possible increased coughing at home Dental disease/mass on pinna Heart Rate and Respiratory Rates 86 Blood Pressure Measurements 124/104, 136/99, 153/102

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ProBNP 1447, Creatinine 0.8, UPC = 1.5, Alk Phos 257

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Beagle

SEX

Neutered Male

AGE

13 Years

WEIGHT

36.6 Lbs.

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	2.16	1.4	1.7	42	75	NM
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	82	1.30	.74	--	5.78	3.3	--

Cardiac Presentation

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUS

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements. Complete filling of the left atrium was noted on color flow assessment of the mitral valve, indicative of severe mitral insufficiency.

HOSPITAL NAME

Animal Health Associates

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. Minor **tricuspid** insufficiency noted. 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.

REFERRING VET

Dr. Johnson

INVOICE NUMBER

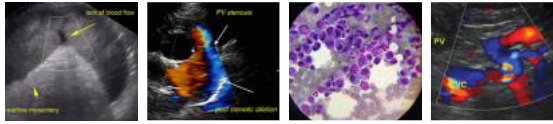
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ULTRASONOGRAPHIC FINDINGS

- Mitral insufficiency

DATE

1/14/22



- PATIENT**
- Left atrial enlargement
 - Stage B-2 valvular disease

Snoopy Butcher

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

The left atrial enlargement is best represented in the LA Max position in this patient. Deviation of the atrial septum is noted. I recommended initiating pimobendane at 0.3 mg per kg SID. If cough persists, then addition of Lasix could be considered at 1-2 mg per kg BID and reassessment of clinical signs.

Canine

BREED

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.

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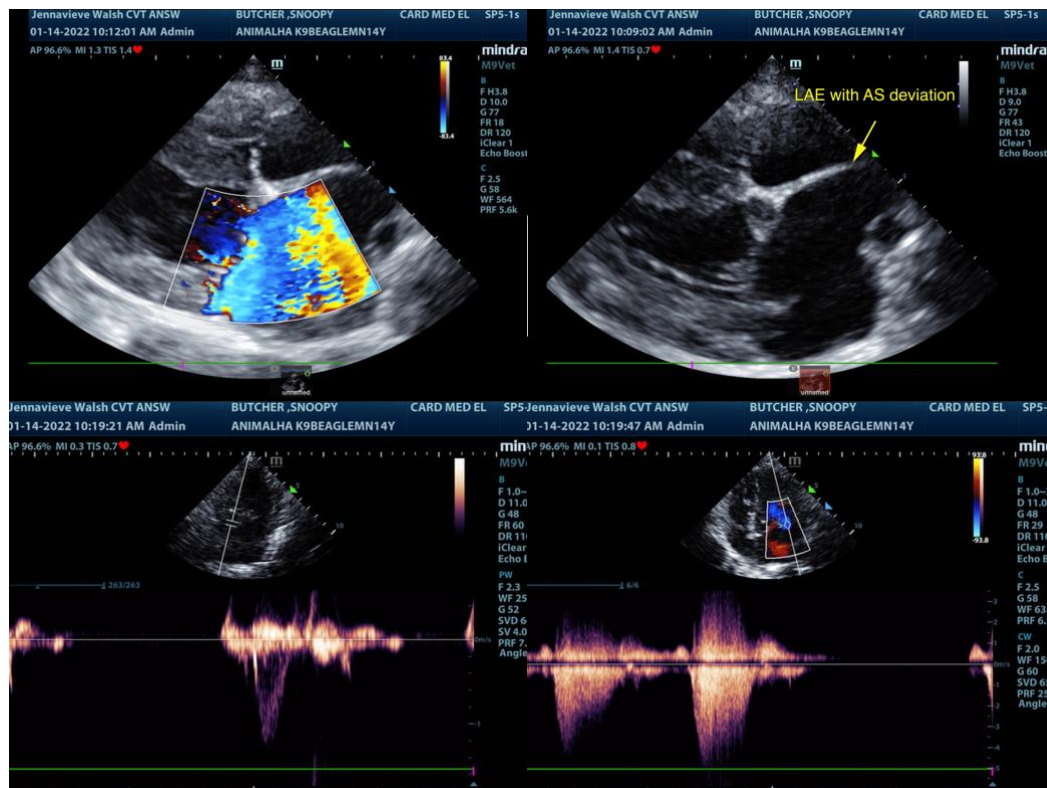
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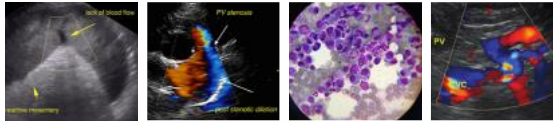
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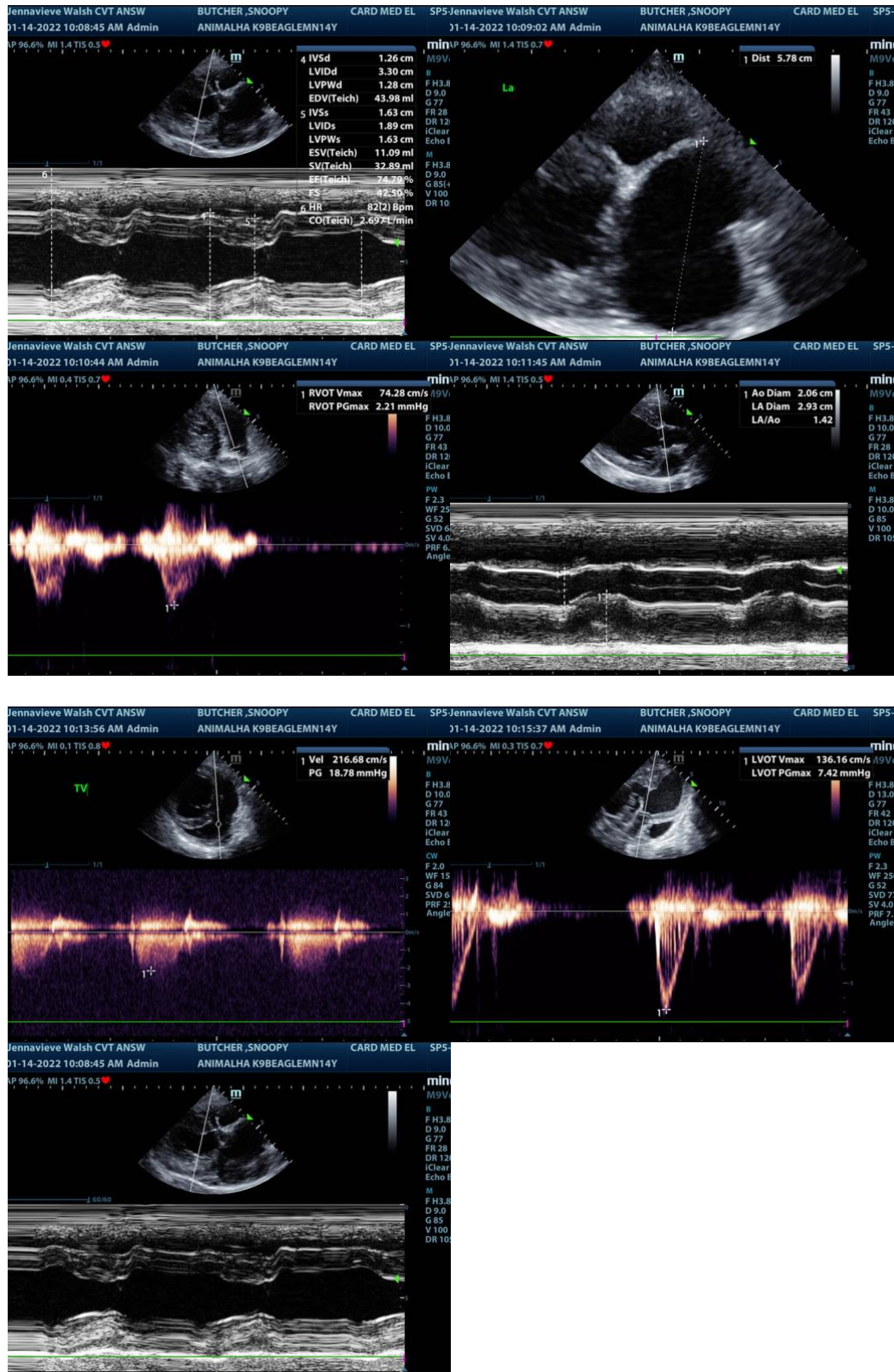
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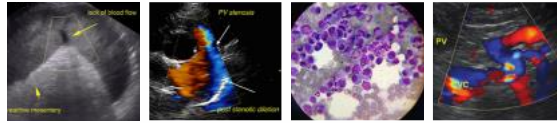
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PATIENT

Snoopy Butcher

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.

SPECIES

Canine

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
Eric.Lindquist@SonoPath.com

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