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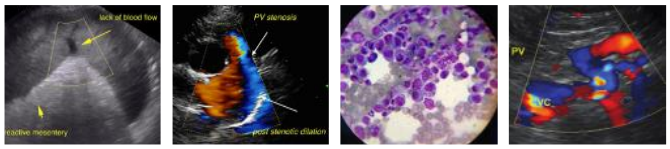
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Maddie Cook

SPECIES

Canine

BREED

Whippet

SEX

Spayed Female

AGE

10 Years 7 Months

WEIGHT

26.6 Lbs.

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Leon Anderson, DVM

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Leon Anderson, DVM

INVOICE

13310

DATE

1/7/22

PRESENTING CLINICAL SIGNS

History: Dog is doing good just a check up on the heart murmur Stage B1 valvular disease. The last scan was on July 20th, 2021, and the invoice number is 90808.

Abnormal PE/Chem/CBC/UA Results: PE: CARDIAC MURMUR: GRADE 4/6, SYSTOLIC. RESENTED RIGHT EAR OTOSCOPIC EXAM BUT EXAM WAS NORMAL. NO RESENT LABS.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

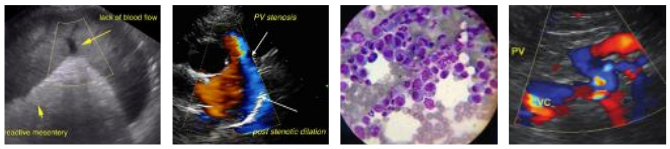
CANINE CARDIAC PARAMETERS	**MR VMAX** (m/s)	**TR VMAX** (m/s)	**LA/AO** (Boon method)	**LA/AO** (Heart Base; Swe)	**FS** (%)	**EF** (%)	**EPSS** (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	6.34	2.90	NM	1.42	41	71	0.4
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV 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	--	2.37	--	--	4.64	4.8	--

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. Prolapsed anterior **mitral** valve leaflet noted. Doppler indicated measurable insufficiency.Given the recent increase in murmur grade, ruptured chordae tendineae likely. Left ventricular internal diameter was excessive. 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. Aortic velocity was slightly elevated at 2.37 m/s, likely owing to hyperdynamic state. 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), 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. Tachycardia was present.

ULTRASONOGRAPHIC FINDINGS

- Stage B-2 valvular disease with mitral valve prolapse
- Mild left atrial enlargement



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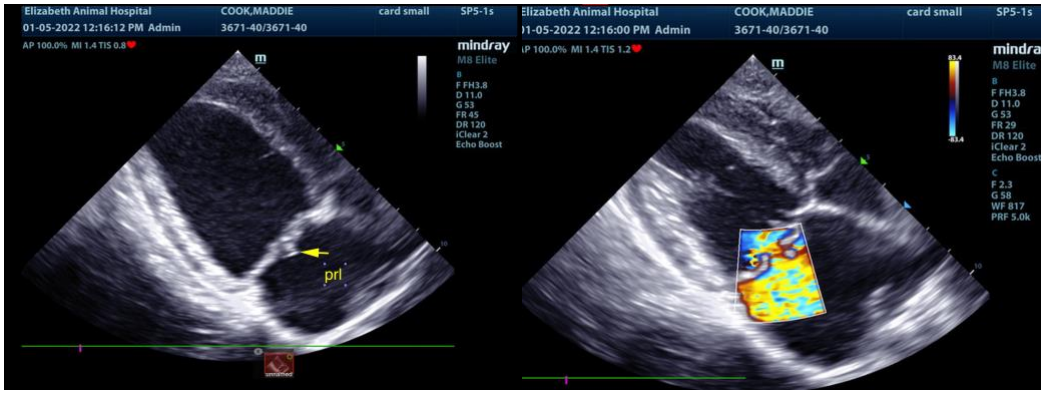
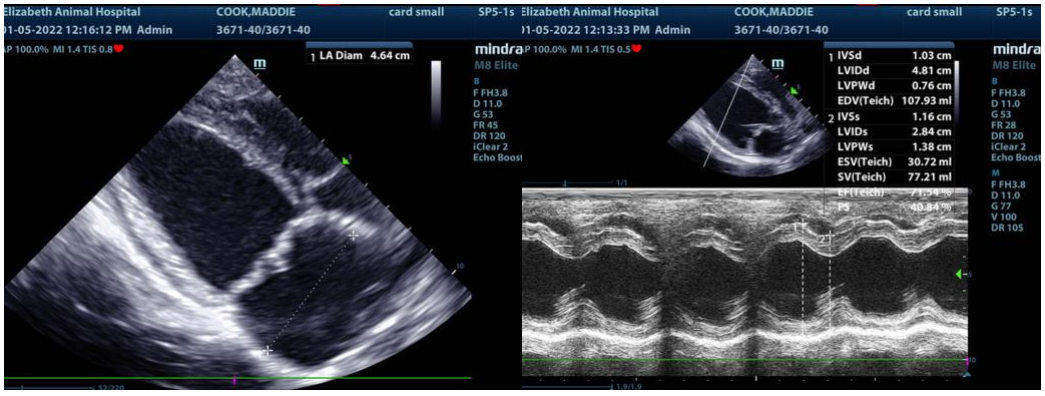
- Mild to moderate left ventricular dilation
- Tachycardia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend pimobendane in this patient at 0.3 mg per kg BID. If systolic pressure is >1.60, then ace-inhibitor therapy warranted. The patient should be monitored carefully for increased respiratory rate >20 per minute.

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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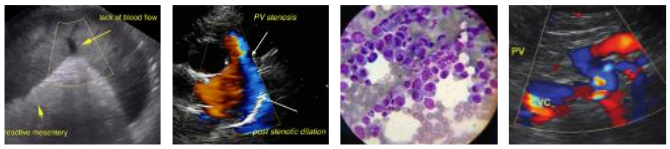

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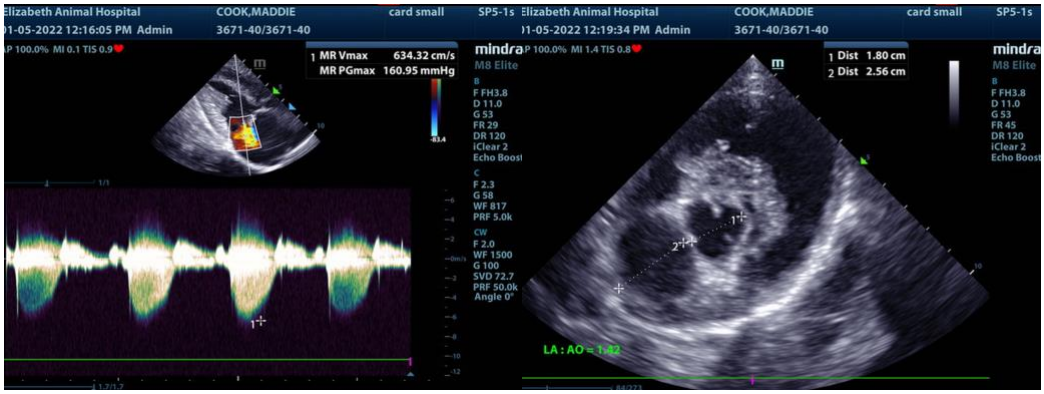

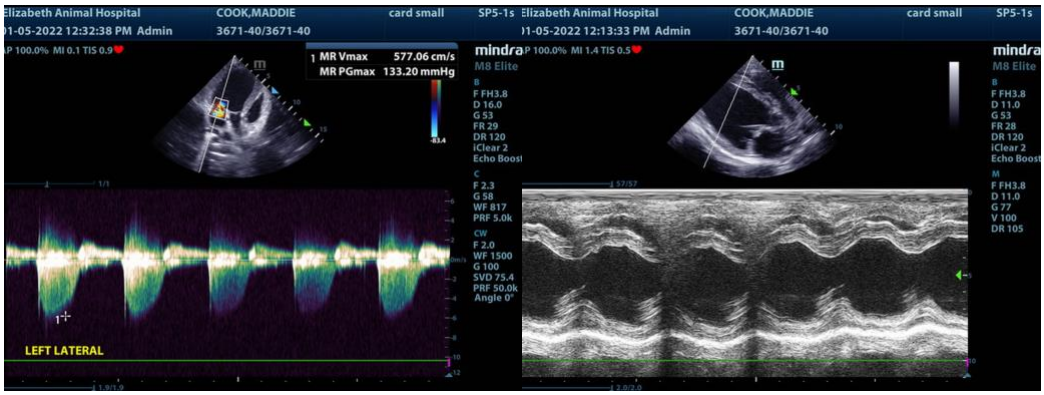

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com