



PATIENT

Anabella Varkondova

SPECIES

Canine

BREED

Cocker Spaniel/Poodle

SEX

Spayed Female

AGE

10 Years

WEIGHT

15 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Samuel Gabriel

HOSPITAL NAME

Central Jersey AH

REFERRING VET

Dr. Gabriel

INVOICE

17707

DATE

10/14/22

PRESENTING CLINICAL SIGNS

History: was presented for heavy breathing today has hx of heart murmur and never had any echo done before she was put on oxygen cage and given lasix 50mg/ml 0.3 ml im two doses respiratory rate went down from 60 ppm to 40 ppm

Abnormal PE/Chem/CBC/UA Results: grade 5 heart murmur xray shows left sided cardiomegaly , there is mild pulmonary vein enlargement , there is some area of interstitial pulmonary pattern cbc,chem : pending

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	<1.3	28-40	40-100	<0.6
PATIENT	--	--	>2.0	2.1	52	84	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				
PATIENT	--	>1.00	.55	--	4.03	3.42	--

Cardiac Presentation

The echocardiogram for this patient presented severe **left atrial** enlargement expressed both in the LA/AO and LA max measurements. Aggressive prolapse of the anterior mitral valve leaflet was noted. Doppler indicated severe 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** valvular assessment demonstrated adequate linear morphology. 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. A comet tail lung pattern was noted in the lung fields, consistent with pulmonary edema.



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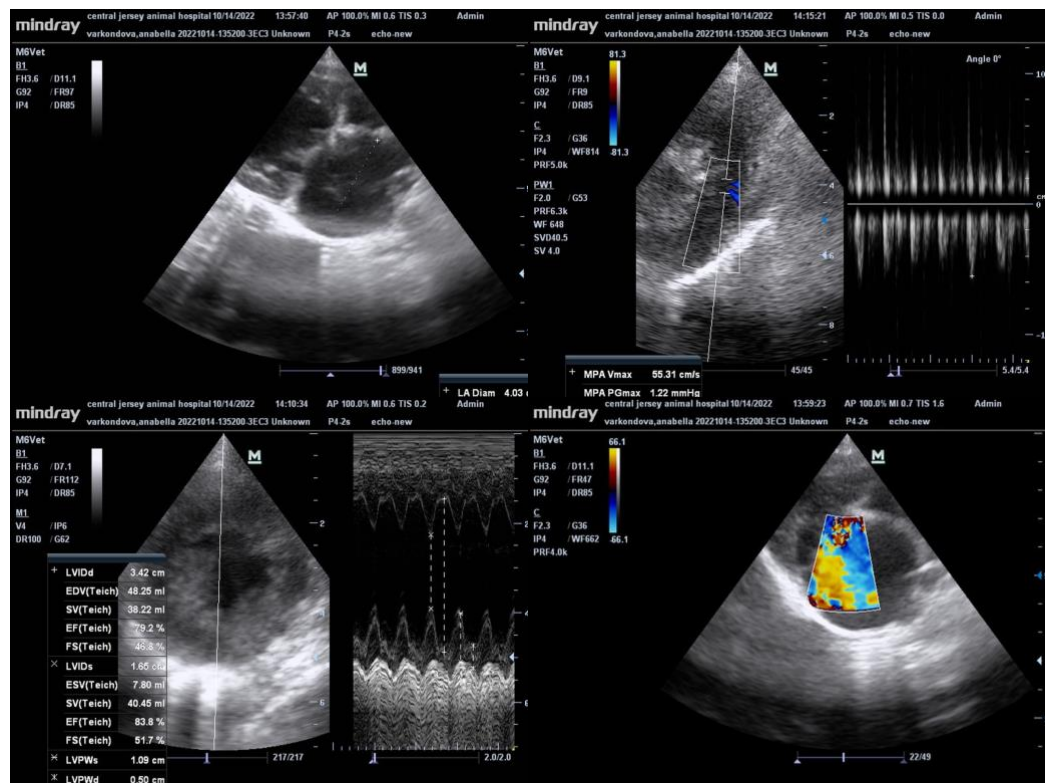
ULTRASONOGRAPHIC FINDINGS

- Stage C-1 valvular disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend quadra therapy in this patient. Lasix is recommended at 2-3 mg/kg BID, ace-inhibitor at 0.5 mg/kg SID (progressing to BID), Pimobendan at 0.3 mg/kg BID, and Spironolactone at 1-2 mg/kg BID.

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

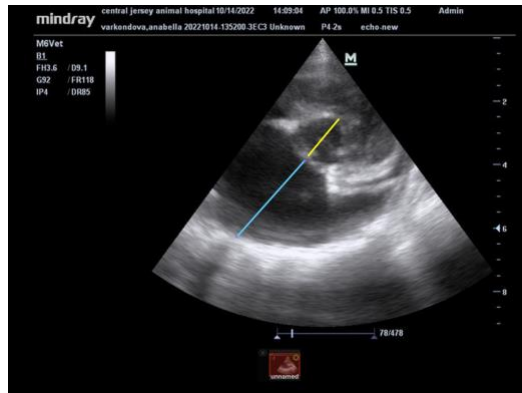
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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