



PATIENT PRESENTING CLINICAL SIGNS

Lainey Williams

History: Grade 4/6 heart murmur, one episode of collapse. Normal EKG, chronic cough, normal SRR.
Current meds: Vetmedin 2.5 mgs BID, hydrocodone BID, Enalapril 5mgs BID, Lasix 20mgs BID.

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

12 years

WEIGHT

18.7 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated enlarged **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Prolapse of the anterior mitral valve leaflet was noted. Doppler indicated measurable insufficiency. Complete filling of the left atrium was noted on color flow assessment of the mitral valve. This is consistent with severe mitral 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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Cresskill AH

REFERRING VET

Dr. Khodari

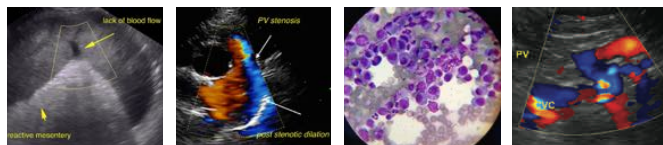
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	6.0	2.0	1.4	2.1	34	64	0.3
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LA (2D short axis 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	116	1.5	0.9	18.7 lbs	3.5 max	3.09	

INVOICE

92461

DATE

10/19/21



PATIENT

Lainey Williams

ULTRASONOGRAPHIC FINDINGS

Early stage B2 valvular disease.
Mitral and tricuspid insufficiency with mitral valve prolapse.

SPECIES

Canine

Mild to moderate left atrial enlargement.

BREED

Mix

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient likely ruptured chordae tendineae. Blood pressure measurements are recommended. Continuation of the current triple therapy is warranted as well as adding Spironolactone at 1-2 mg/kg b.i.d. Lasix can be increased as necessary. The prognosis long term is guarded. Cough may be respiratory and cardiogenic. Recheck echocardiogram is recommended in 1-3 months.

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WEIGHT

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HOSPITAL NAME

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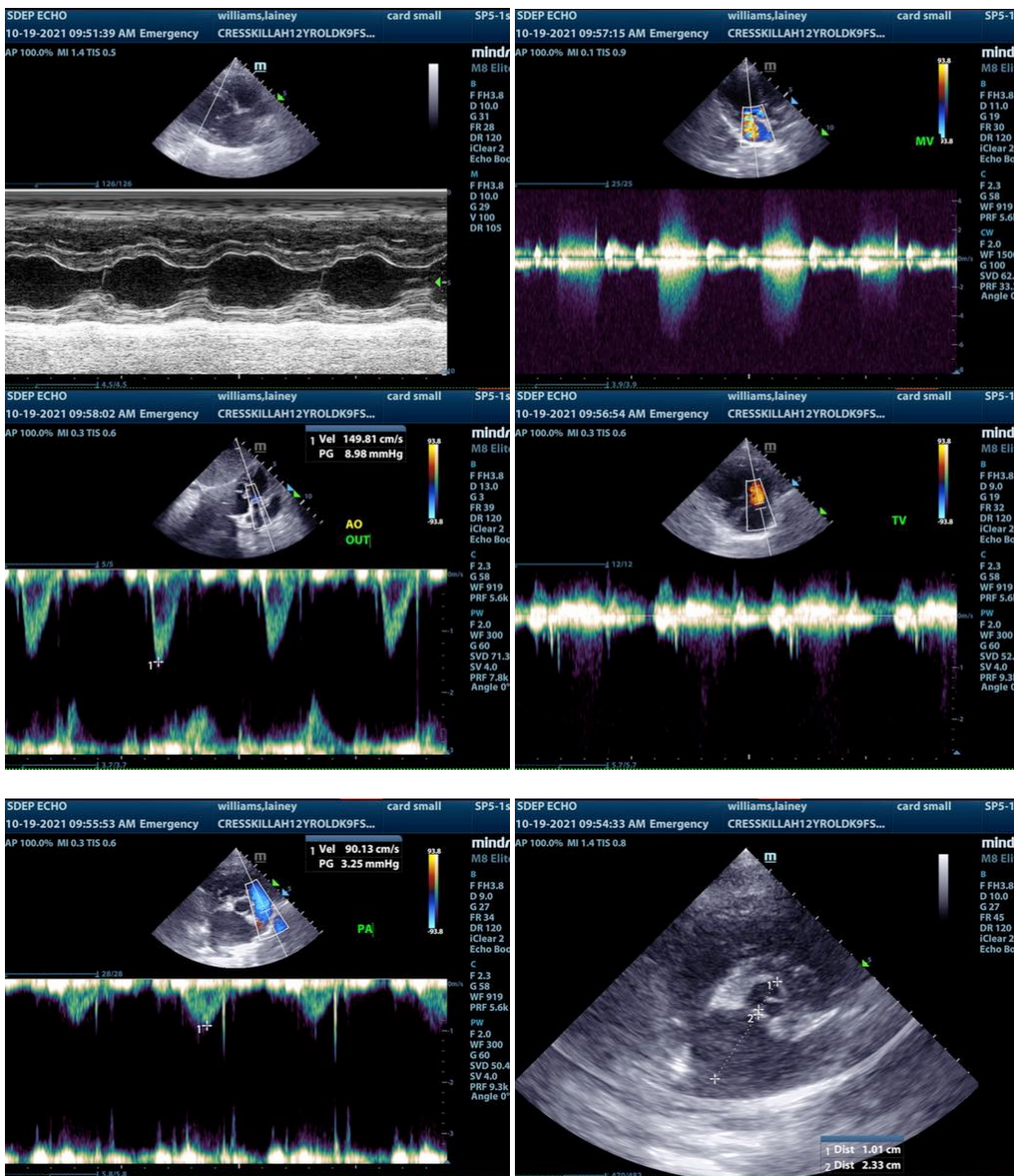
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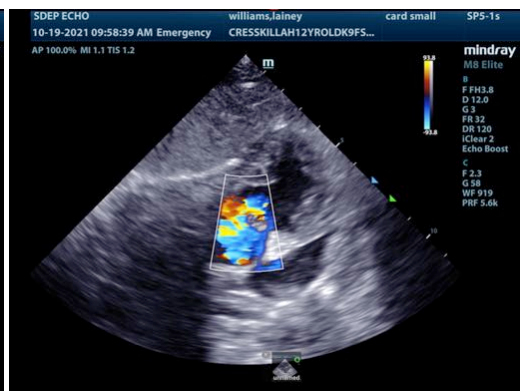
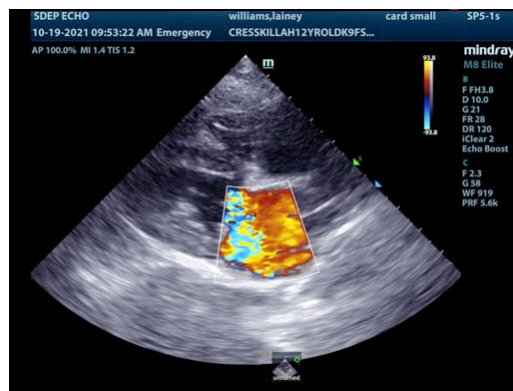
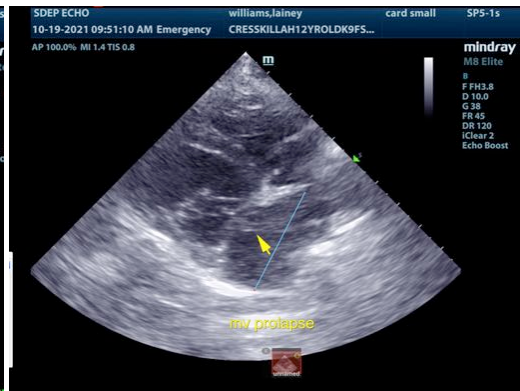
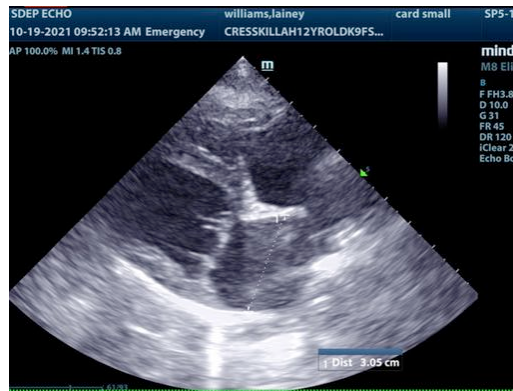
Spayed Female

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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.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

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.

HOSPITAL NAME

Cresskill AH

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info@SonoPath.com

REFERRING VET

Dr. Khodari

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