



PATIENT

Cosmo Bedoya

SPECIES

Canine

BREED

Cavalier King Charles

SEX

Neutered Male

AGE

15 Years

WEIGHT

25.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood RVH

REFERRING VET

Dr. Taylor McConnell

INVOICE

13503

DATE

10/4/21

PRESENTING CLINICAL SIGNS

History: Syncopal episodes increasing, seizures increasing, started Lasix injections in hospital 2.75mgs/kg TID and Torb for tachycardia (HR 192). Current meds: Pimobendan 5 mgs- increased to 1 tab Q12 (from 1/2); Phenobarbital 15 mgs 1 1/2 PO SID, Keppra 750mgs 1 PO Q12 hrs, Zonisamide 100mgs 1 PO Q12 hrs, Enalapril 5 mgs 1 PO Q 12 hrs.

Abnormal PE/Chem/CBC/UA Results: PLTs 71, rest unremarkable.

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	6.0	2.5	1.5	3.4	35	40	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	BELOW	BELOW	BELOW	BELOW
PATIENT	--	.96	.62	--	5.01	3.16	--

Cardiac Presentation

The echocardiogram for this patient presented moderate to severe **left atrial** enlargement expressed both in the LA/AO and LA max measurements. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable 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. Minor **aortic** insufficiency noted. 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. Comet tail/B-Line pattern noted throughout the lung fields.

ULTRASONOGRAPHIC FINDINGS



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- Advanced stage B2 to C1 valvular disease
- Moderate to severe left atrial enlargement
- Minor aortic insufficiency noted

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend triple therapy in this patient- Lasix 2-3 mg per kg BID, Ace-inhibitor 0.5 mg per kg SID progressing to BID and Pimobendan at 0.3 mg per kg BID. Prognosis is extremely guarded long term.

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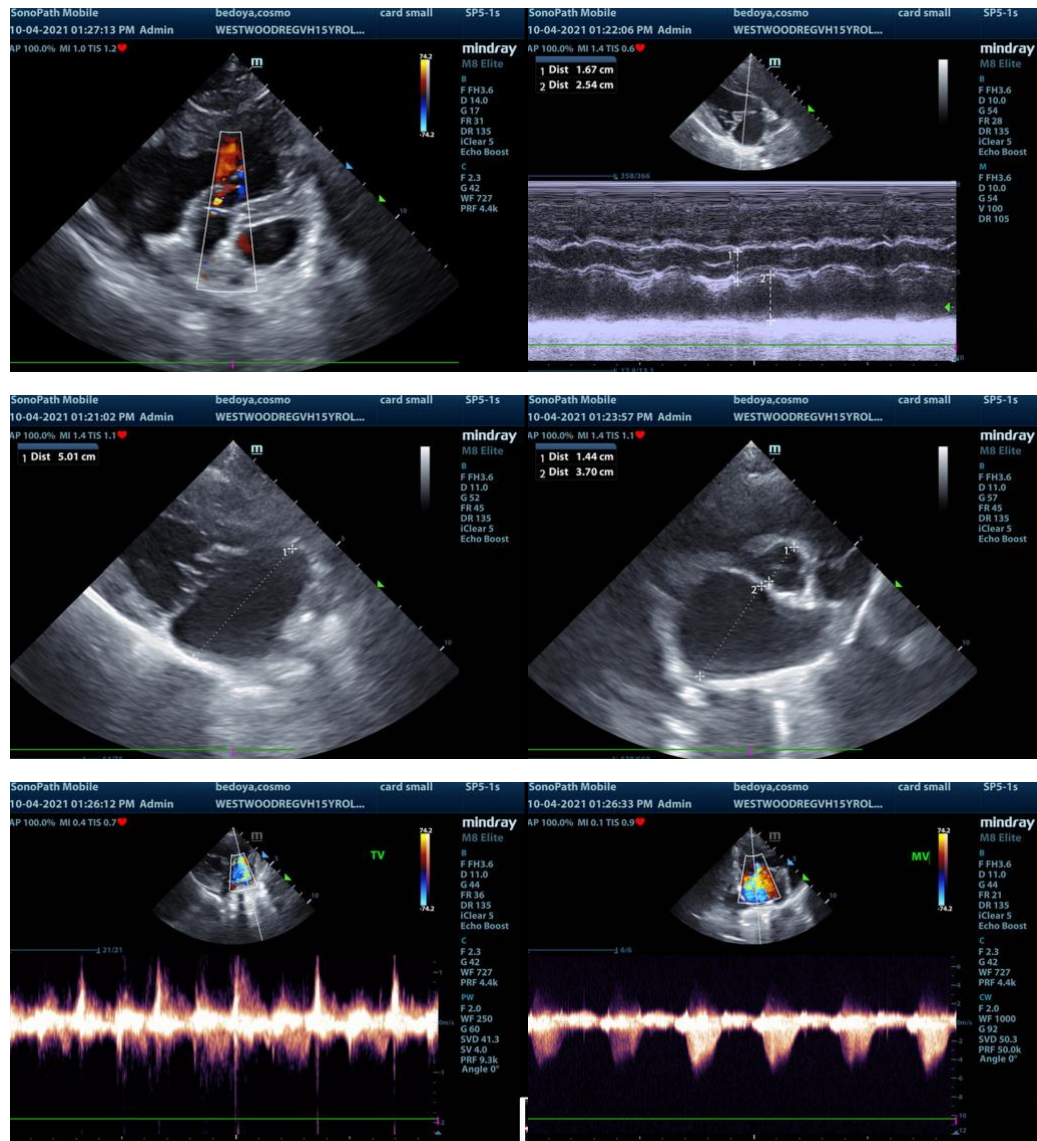
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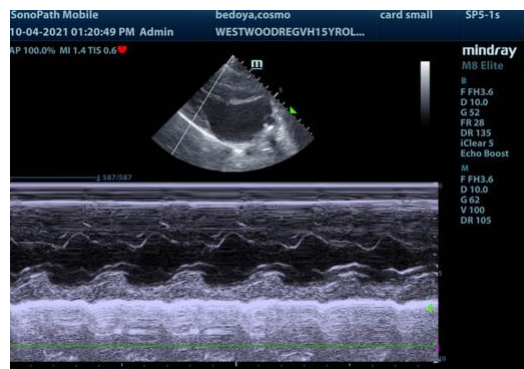
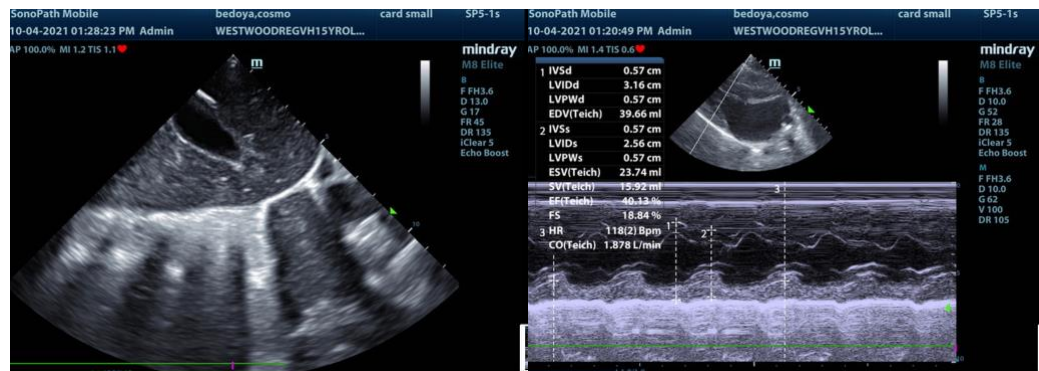
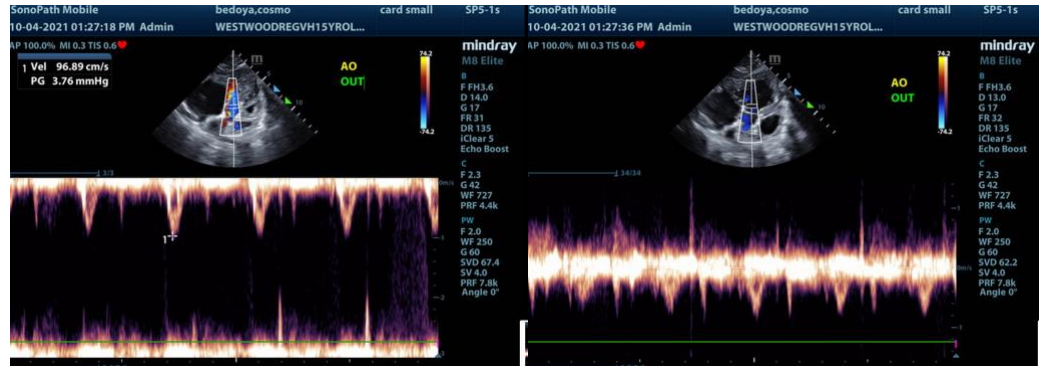
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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