



PATIENT

Teddy Amireh

SPECIES

Canine

BREED

Cavalier King Charles

SEX

Neutered Male

AGE

12 Years

WEIGHT

12 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Saddle Brook VC

REFERRING VET

Dr. Aronovici

INVOICE

13512

DATE

10/4/21

PRESENTING CLINICAL SIGNS

History: Patient has history of CHF. diagnosed 8/19 at other DVM. Placed on Vetmedin 2.5mgs 1 tab a.m. 1/2 tab p.m., enalapril 2.5mgs 1 tab a.m. 1/2 tab p.m. Patient has been very lethargic lately (2-3 weeks), presented due to diarrhea.

Abnormal PE/Chem/CBC/UA Results: Slight anemia, slight low K, slightly low albumin. RBC 4.93, 32.7, 11.2, potassium 3.8, albumin 2.6, Total T4 1.1.

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	6.5	2.8	1.5	1.5	31	60	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	BELOW	BELOW	BELOW	BELOW
PATIENT	--	1.10	0.96	--	3.5	3.25	--

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. 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. 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** insufficiency noted. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** insufficiency noted at 2.0 m/s. 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. The hepatic veins were not dilated.

ULTRASONOGRAPHIC FINDINGS

- Stable stage B2 valvular disease



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- Mitral insufficiency
- left atrial enlargement

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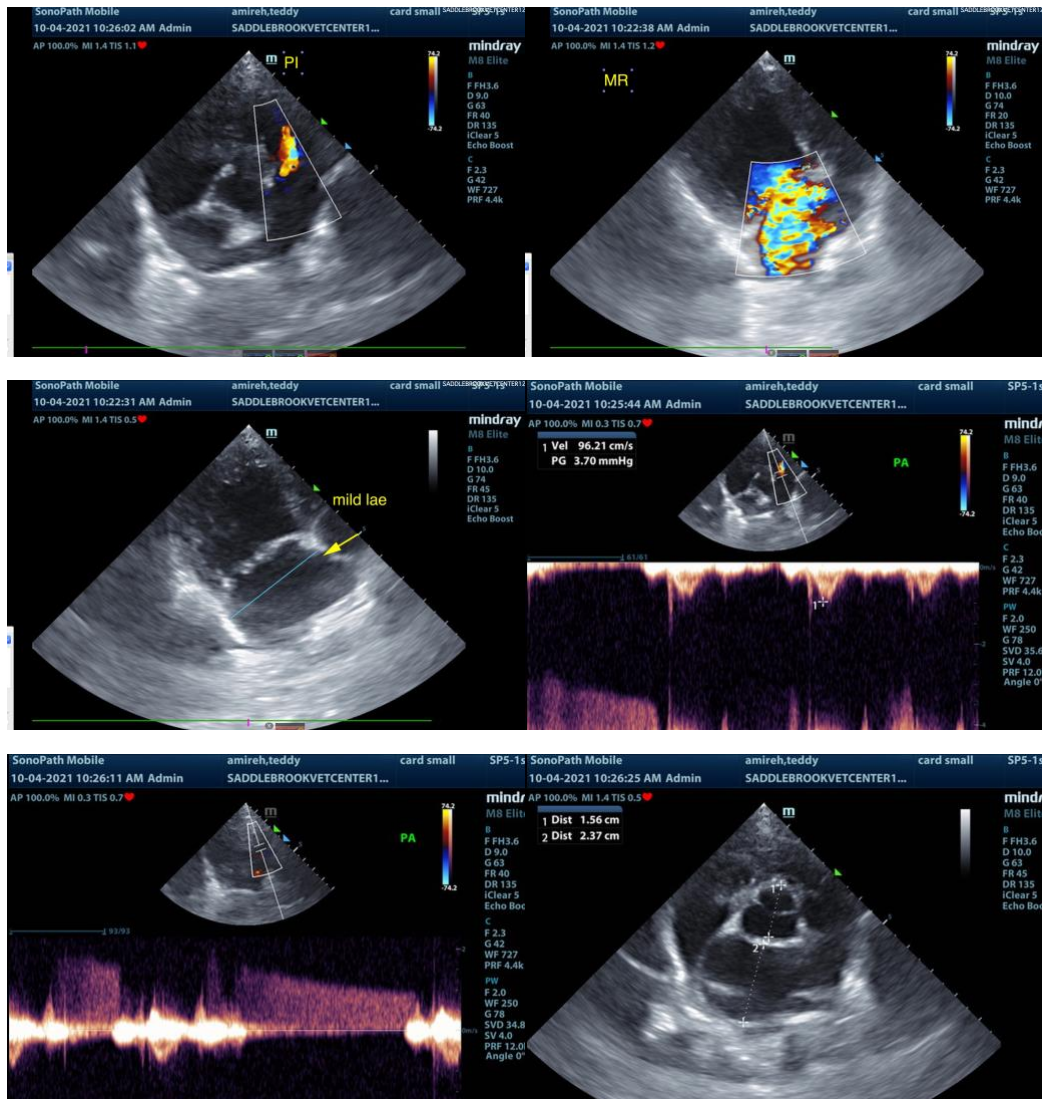
Saddle Brook VC

REFERRING VET

Dr. Aronovici

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pimobendane and Ace-inhibitor indicated as long as blood pressure measurements are normal and the patient is not hypotensive. The cardiac presentation appears fairly stable. Given the patient history and low albumin, I recommend abdominal sonogram to assess for contributing abdominal disease to the clinical signs.



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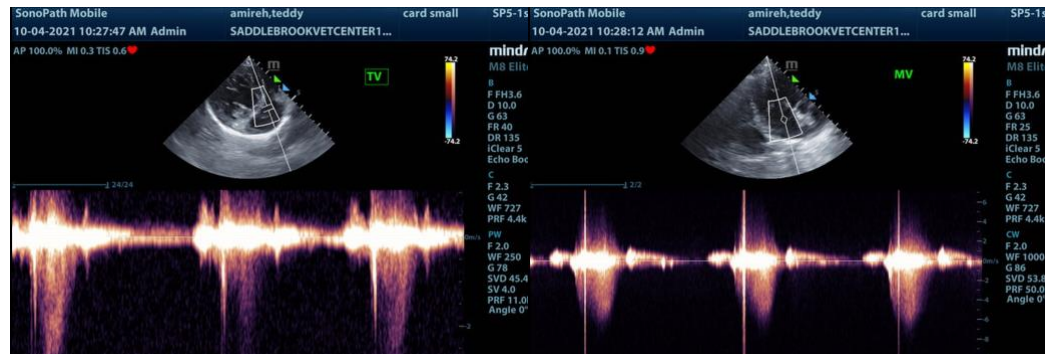
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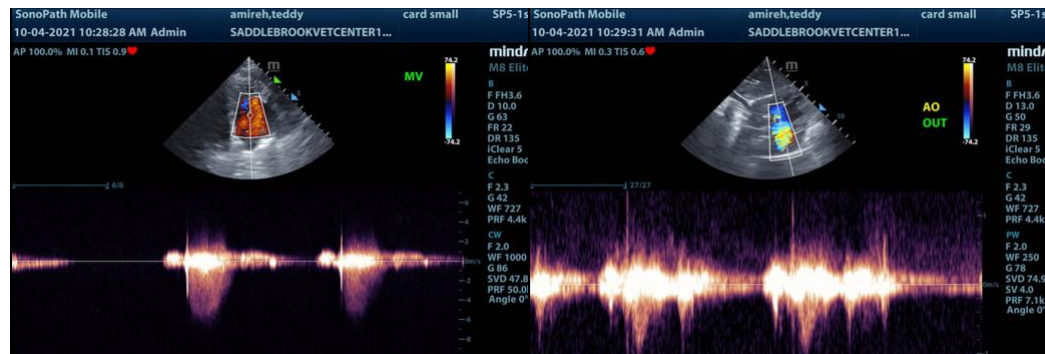
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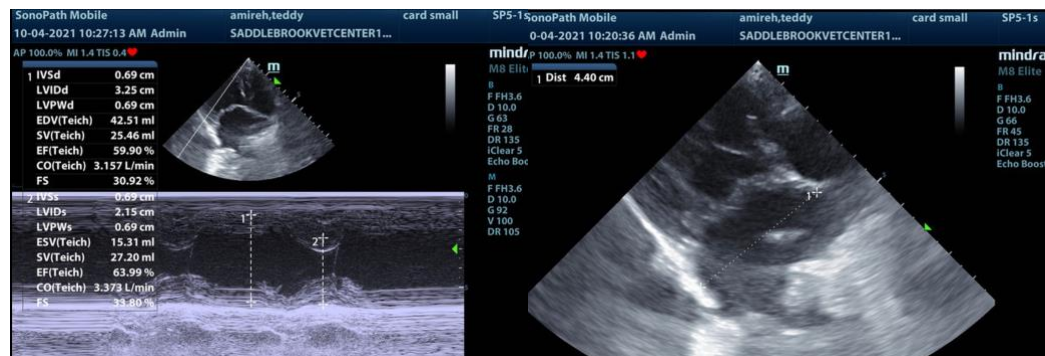


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dr. Aronovici

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

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